

# **ANNUAL STATEMENT**

### FOR THE YEAR ENDED DECEMBER 31, 2008

OF THE CONDITION AND AFFAIRS OF THE

HumanaDental Insurance Company

(Current Period)	_ , 0119 NAIC Compan (Prior Period)	y Code 70580 Employ	yer's ID Number 39-0/14280
Organized under the Laws of	Wisconsin	, State of Domicile or Port of En	ntry Wisconsin
Country of Domicile		United States	
Incorporated/Organized	01/01/1908 Co	ommenced Business	10/12/1908
Statutory Home Office	1100 Employers Boulevard		DePere. WI 54115
	(Street and Number)	, ,	or Town, State and Zip Code)
Main Administrative Office	1100 Employers Boulevard	DePere, WI 54115	920-336-1100
	(Street and Number)	(City or Town, State and Zip Cod	, , , , , , ,
Mail Address	PO Box 740036 eet and Number or P.O. Box)		le, KY 40201-7436 own, State and Zip Code)
Primary Location of Books and Record	· · · · · · · · · · · · · · · · · · ·	DePere, WI 5411	
Timary Essation of Besite and Reserve	(Street and Number)	(City or Town, State and Zip	
Internet Website Address		www.humana.com	
Statutory Statement Contact	Cathy Staebler		502-580-2712
	(Name)		le) (Telephone Number) (Extension)
cstaebler@hun			80-2099
(E-mail Add	, ,	· ·	Number)
	OFFIC		
Name	Title	Name	Title
Gerald Lawrence Ganoni ,	President Transport	Joan Olliges Lenahan	, Vice President and Secretary
, James Harry Bloem,	Sr. VP, CFO & Treasurer	Frank Murray Amrine	,Appointed Actuary
	OTHER O	FFICERS	
George Grant Bauernfeind ,	Vice President	John Gregory Catron	, Vice President
Jonathan Thomas Lord M.D. ,	Sr. Vice President	John Edward Lumpkins #	, Vice President
Mark Matthew Matzke ,	Chief Operating Officer	Kathleen Stephenson Pellegrino	
Gilbert Alan Stewart #	Vice President Vice President	William Joseph Tait	, Vice President
Gary Dean Thompson ,			
	DIRECTORS O	R TRUSTEES	
James Harry Bloem	Jonathan Thomas Lord M.D.	Michael Benedict McCallister	James Elmer Murray
State ofKentucky			
County ofJefferson	ss		
County of			
above, all of the herein described assets were this statement, together with related exhibits, of the condition and affairs of the said report completed in accordance with the NAIC Annuthat state rules or regulations require different respectively. Furthermore, the scope of this accordance with the scope of this accordance with the scope of this accordance.	e the absolute property of the said reporting schedules and explanations therein contain ing entity as of the reporting period stated a ual Statement Instructions and Accounting Prices in reporting not related to accounting prattestation by the described officers also incl	entity, free and clear from any liens or cled, annexed or referred to is a full and trabove, and of its income and deductions ractices and Procedures Manual except to actices and procedures, according to the ludes the related corresponding electronic	g entity, and that on the reporting period stated laims thereon, except as herein stated, and that ue statement of all the assets and liabilities and therefrom for the period ended, and have been o the extent that: (1) state law may differ; or, (2) best of their information, knowledge and belief, c filing with the NAIC, when required, that is an sted by various regulators in lieu of or in addition
Gerald Lawrence Ganoni President		es Lenahan t and Secretary a. Is this an original	James Harry Bloem Sr. VP, CFO & Treasurer
Subscribed and sworn to before me this		b. If no,	
	uary, 2009	b. ir no, 1. State the ame	endment number
		2. Date filed	
Marie Occasional Nation 5 111		3. Number of pag	ges attached
Myra Carpenter, Notary Public August 9, 2009			



DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2008

				_					
NAIC G	roup Code 0119	LIFE INSURANCE NAIC Company Code 70580							
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	48,880				48,880			
2.	Annuity considerations	30,387				30,387			
	Deposit-type contract funds		XXX		XXX	0			
4.	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	79,267	0	0	0	79,267			
	DIRECT DIVIDENDS TO POLICYHOLDERS								
	Life insurance:								
	6.1 Paid in cash or left on deposit					0			
	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the								
	endowment or premium-paying period					0			
	6.4 Other					0			
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0			
	Annuities:								
	7.1 Paid in cash or left on deposit					0			
	7.2 Applied to provide paid-up annuities					0			
	7.3 Other					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0			
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0			
	DIRECT CLAIMS AND BENEFITS PAID								
9.	Death benefits	173,458				173,458			
10.	Matured endowments	2,000				2,000			
11.	Annuity benefits	285				285			
12.	Surrender values and withdrawals for life contracts	155,721				155 , 721			
13.	Aggregate write-ins for miscellaneous direct claims and								
	benefits paid	0	0	0	0	0			
	All other benefits, except accident and health					0			
	Totals	331,464	0	0	0	331,464			
	DETAILS OF WRITE-INS								
1302.									
	Summary of Line 13 from overflow page	0	0	0	0	0			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0			

	Qı	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	-	_	No. of	•	_			-	_	
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	1,643	0	0	0	0	0	0	0	1,643
17. Incurred during current										
year	7	176,599							7	176,599
Settled during current										
year:										
18.1 By payment in full	9	175 , 458							9	175,458
18.2 By payment on										
compromised claims . 18.3 Totals paid									0	0
18.3 Totals paid	9	175 , 458	0	0	0	0	0	0	9	175,458
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	175 , 458	0	0	0	0	0	0	9	175 , 458
19. Unpaid Dec. 31, current										
year (16+17-18.6)	(2)	2,785	0	0	0	0	0	0	(2)	2,785
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	341	5,326,547	0	0	0	0	0	0	341	5,326,547
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(50)	(1,517,772)						• • • • • • • • • • • • • • • • • • • •	(50)	(1,517,772)
23. In force December 31				(a)						
of current year	291	3,808,775	0	0	0	0	0	0	291	3,808,775

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ... current year \$ ..... current year \$ ....

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)		588,204		395,838	400 , 776
24.1 Federal Employees Health Benefits Program premium (b)	L				
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)	141,805	141,805		68,460	69,594
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	141,805	141,805	0	68,460	69,594
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	724.968	730,009	0	464,298	470.370



DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2008

	, ildotta	1,155	INICHIDANIC	-	DOMINO THE I				
NAIC C	Froup Code 0119	LIFE INSURANCE NAIC Company Code							
	DIDECT DESAULA	1	2	3	4	5			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total			
1				Group	IIIuusiiiai	2 401			
1.	Life insurance					401, ک۸۱			
3	Deposit-type contract funds		WWW						
	Other considerations					 0			
	Totals (Sum of Lines 1 to 4)	2.441	0	0	0	2.441			
<u> </u>	DIRECT DIVIDENDS TO POLICYHOLDERS	۷, ۱۲۱	V	•	V	۷, ۱۲۱			
	Life insurance:								
	6.1 Paid in cash or left on deposit					0			
	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the								
	endowment or premium-paying period	243				243			
	6.4 Other					0			
	6.5 Totals (Sum of 6.1 to 6.4)	243	0	0	0	243			
	Annuities:								
	7.1 Paid in cash or left on deposit					0			
	7.2 Applied to provide paid-up annuities					0			
	7.3 Other					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0			
8.	Grand Totals (Lines 6.5 plus 7.4)	243	0	0	0	243			
	DIRECT CLAIMS AND BENEFITS PAID								
9.	Death benefits					0			
	Matured endowments					0			
	Annuity benefits					0			
12.	Surrender values and withdrawals for life contracts					0			
13.	Aggregate write-ins for miscellaneous direct claims and								
	benefits paid	0	0	0	0	0			
14.	All other benefits, except accident and health					0			
15.	Totals	0	0	0	0	0			
	DETAILS OF WRITE-INS								
1303.									
1398.	Summary of Line 13 from overflow page	0	0	0	0	0			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0			

	Oi	Ordinary		Credit Life (Group and Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of		-	-		-		-
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									٥	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current			_		_			_		
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,		004	_	(a)	_	_		_		004
prior year	25	281,075	0	0	0	0	0	0	25	281,075
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	25	281,075	0	0	0	0	0	0	25	281,075

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividenda Daid On	4	5
		Direct Premiums	Dividends Paid Or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	1,163,744	1,173,803		789,922	799,776
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,163,744	1,173,803	0	789,922	799,776

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_\_1,180 and number of persons insured under Indemnity only products \_\_\_\_\_\_\_1,085



DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2008

	,	LIEE	<b>INSURANC</b>	_	DOMINO THE TE	
IAIC (	Group Code 0119	LIFE	INSURANC		NAIC Company (	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance					
2	Annuity considerations					
	Deposit-type contract funds		XXX		XXX	
	Other considerations					
	Totals (Sum of Lines 1 to 4)	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					
	Applied to pay renewal premiums     Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	6.5 Totals (Sum of 6.1 to 6.4)  Annuities: 7.1 Paid in cash or left on deposit	0	0	0	0	
0	7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	
0.	Grand Totals (Lines 6.5 plus 7.4)  DIRECT CLAIMS AND BENEFITS PAID	U	U	U	U	
9.	Death benefits					
	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	
14.	All other benefits, except accident and health					
15.	Totals	0	0	0	0	
	DETAILS OF WRITE-INS					
1303. 1308	Summary of Line 13 from overflow page		0	Λ	n	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	 N	0			
1000.	Totals (Lines 1301 tillu 1303 plus 1396) (Line 13 above)	U	0	U	U	

	O	Ordinary		Credit Life (Group and Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS		_	No. of Ind. Pols.	'	No. of	Ç		-		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims . 18.3 Totals paid 18.4 Reduction by			0	0	0	0	0	0	0	0
compromise									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(0)	No. of Policies					
prior year21. Issued during year	0	0	0	(a)0	0	0	0	0	0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

# | Columbit year | Columbit | Colu

ACCIDE	NI AND IL	ALIII III 30	JIVANCE		
	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b).					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0

-: 10taio (Eii100 E : E :				•			
(b) For health business	on indicated lines	s report: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2008

		LIFE	INSURANC	F	DOMINO THE TE	
NAIC C	Group Code 0119		INSUITAING		NAIC Company C	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	37,998				37,998
2.	Annuity considerations	9,531				9,531
3.	Deposit-type contract funds		XXX		ХХХ	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	47,529	0	0	0	47,529
	DIRECT DIVIDENDS TO POLICYHOLDERS					-
	Life insurance:	205				225
	6.1 Paid in cash or left on deposit					225
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	259				259
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	484	0	0	Q	484
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	484	0	0	0	484
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					10,000
	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	83,216				83,216
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	D	0
	All other benefits, except accident and health					0
15.	Totals	93,216	0	0	0	93,216
	DETAILS OF WRITE-INS					
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	O	Ordinary		Credit Life (Group and Individual)		Group		dustrial	Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	2	No. of Ind. Pols. &	7	No. of	o o	,	Ü		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	1,038	0	0	0	0	0	0	0	1,038
17. Incurred during current										
year	0	10,892							0	10,892
Settled during current										
year:										
18.1 By payment in full	0	10,000							0	10,000
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	10,000	0	0	0	0	0	0	0	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									٥	0
18.6 Total settlements	0	10,000	0	0	0	0	0	0	0	10,000
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	1,930	0	0	0	0	0	0	0	1,930
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year				0	Ω	0	0	0	177	2,148,058
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(3)	(86,504)							(3)	(86,504)
23. In force December 31				(a)						
of current year	174	2,061,554	0	0	0	0	0	0	174	2,061,554

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

# ACCIDENT AND HEALTH INSURANCE

ACCIDEI	AI AIAD UE	ALITIMOU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	9,731,567	9,815,686		6,605,562	6,687,966
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).					
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b).	516,095	516,095			
25.4 Other accident only		, , , , , , , , , , , , , , , , , , ,		<u> </u>	<u> </u>
25.5 All other (b)					
25.5 All other (b)	.516,095	516,095	0	249 , 156	253,285
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10.247.662	10.331,781	0	6.854.718	



DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2008

	Autoro		INICHIDANIC	· <b>-</b>	DOMINO THE H	L/11
NAIC G	Group Code 0119	LIFE	INSURANC	NAIC Company Code 70580		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	26,584				26,584
	Annuity considerations					17,982
	Deposit-type contract funds		ХХХ		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	44,566	0	0	0	44,566
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND RENEETS DAID					
9.	Death benefits	25.000				25.000
10	Matured endowments	20,000				0
	Annuity benefits					0
	Surrender values and withdrawals for life contracts.					6.404
	Aggregate write-ins for miscellaneous direct claims and					, , ,
	benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
	Totals	31.404	0	0	0	31,404
	DETAILS OF WRITE-INS	.,,	-		•	
1301	DETAILS OF WAITE ING					
1302.						
4000						
	Summary of Line 13 from overflow page	n	n	n	n	n
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	0	n I		 N
1000.	Totals (Lines 1301 tillu 1303 plus 1330) (Line 13 above)	U	U	U	U	U

	Qı	Ordinary		Credit Life (Group and Individual)		Group		dustrial	Total	
l l	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols. &	·	No. of	Ç	·	Ü	Ü	.0
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	1,229	0	0	0	0	0	0	0	1,229
17. Incurred during current										
year	1	25,882							1	25,882
Settled during current										
year:										
18.1 By payment in full	1	25,000							1	25,000
18.2 By payment on compromised claims . 18.3 Totals paid									0	0
18 3 Totals naid	1	25 000	Λ	Λ	n	Λ	Λ	Λ		25 000
18.4 Reduction by compromise										20,000
compromise										0
18.5 Amount rejected		05.000							0	
18.6 Total settlements		25,000	0	0	0	0	0	0		25,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	2,111	0	0	0	0	0	0	0	2,111
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	93	3,650,081	0	0	0	0	0	0	93	3,650,081
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(7)	(216, 259)							(7)	(216,259)
23. In force December 31				(a)					, ,	,
of current year	86		0	0	0	0	0	0	86	3,433,822
(a) Includes Individual Credit Li				Cu				•		

### current year \$ Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

# ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)	250,865	253,033		170,281	172,405						
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)	82,471	82,471		39,814	40,474						
25.4 Other accident only											
25.4 Other accident only											
25.6 Totals (Sum of Lines 25.1 to 25.5)	82,471	82,471	0	39,814	40,474						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	333,336	335,504	0	210,095	212,879						



DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2008

				_		
NAIC G	Group Code 0119	LIFE	NAIC Company	any Code 70580		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	273,286	,			273,286
2.	Annuity considerations	89,799				89,799
	Deposit-type contract funds		XXX		ХХХ	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	363,084	0	0	0	363,084
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit	250				250
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	1,295				1 , 295
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	1,545	0	0	0	1,545
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	<u>0</u> [.	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	1,545	0	0	0	1,545
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	82,415				82,415
10.	Matured endowments	3,500				3,500
11.	Annuity benefits	26,123				050 757
	Surrender values and withdrawals for life contracts	353,757				353 , 757
13.	Aggregate write-ins for miscellaneous direct claims and	50	^		<u> </u>	50
١.,	benefits paid	56	L			
	All other benefits, except accident and health	ACE 054		^		U
15.	Totals	465,851	0	0	0	465,851
4004	DETAILS OF WRITE-INS	50				50
1301.	Coupons paid	56				56
				^		
	Summary of Line 13 from overflow page	0	Ú	ū		0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	56	0	0	0	56

	0	Ordinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	-	_	No. of	•	_			-		
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	2	21,215	0	0	0	0	0	0	2	21,215
17 Incurred during current										·
year	3	78,264							3	78,264
Settled during current										
year:										
18.1 By payment in full	5	85,915							5	
18.2 By payment on										
compromised claims . 18.3 Totals paid									0	0
18.3 Totals paid	5	85,915	0	0	0	0	0	0	5	85,915
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	85,915	0	0	0	0	0	0	5	85,915
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	13,564	0	0	0	0	0	0	0	13,564
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	1,015	27 , 989 , 740	0	0	Ω	0	0	0	1,015	27,989,740
21. Issued during year									0	0
22. Other changes to in force		/=								
(Net)	(24)	(743,195)							(24)	(743,195)
23. In force December 31	004	07.040.545		(a)					004	07.040.545
of current year	991	27,246,545	0	0	0	0	0	0	991	27,246,545

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIII III 30	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group Policies (b) 24.1 Federal Employees Health Benefits Program premium (b)	40,878,614	41,231,965		27 , 747 , 457	28,093,602
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	4,220	4,220		2,037	2,071
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		4,220	0	2,037	2,071
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	40 . 882 . 834	41.236.185	0	27 749 494	28.095.673



DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2008

AIC Group Code 0119	LIFE INSURANCE NAIC Company Co							
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
Life insurance	416				4			
Annuity considerations								
Deposit-type contract funds		ХХХ		XXX				
Other considerations								
5. Totals (Sum of Lines 1 to 4)	416	0	0	0				
DIRECT DIVIDENDS TO POLICYHOLDERS								
Life insurance:								
6.1 Paid in cash or left on deposit								
6.2 Applied to pay renewal premiums								
6.3 Applied to provide paid-up additions or shorten the								
endowment or premium-paying period								
6.4 Other								
6.5 Totals (Sum of 6.1 to 6.4)		0	0	0				
Annuities:								
7.1 Paid in cash or left on deposit								
7.2 Applied to provide paid-up annuities								
7.3 Other								
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0				
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0				
DIRECT CLAIMS AND BENEFITS PAID								
9. Death benefits								
10. Matured endowments								
11. Annuity benefits								
12. Surrender values and withdrawals for life contracts								
13. Aggregate write-ins for miscellaneous direct claims and								
benefits paid	0	0	0	0				
15. Totals	0	0	0	0				
DETAILS OF WRITE-INS								
301.								
302.								
03.								
398. Summary of Line 13 from overflow page		0	0	0				
399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0				

	0	Ordinary		Credit Life (Group and Individual)		Group		dustrial	Total	
	1	2	3	Δ	5	6 6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	-								-	
prior year	0	2	0	0	0	0	0	0	0	2
17. Incurred during current										
year		9							0	9
Settled during current										
year: 18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.		^							D	0
18.3 Totals paid	0	0	0	0	U	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	11	0	0	0	0	0	0	0	11
year (10+17-18.0)	U		U	0	No. of	U	U	U	0	11
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	. 00.00					
prior year	2	5,536	0	0	0	0	0	0	2	5,536
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	2	5,536	0	0	0	0	0	0	2	5,536

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ... current year \$ ...... current year \$ ....

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24. I Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b). 25.6 Totals (Sum of Lines 25.1 to 25.5).	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

-: 10taio (Eii100 E : E ii	<u> </u>		20.0)		•	•		
(b) For health business of	on indicated	lines report	: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products								



DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2008

NAIC (	Group Code 0119	LIFE	INSURANC	E	NAIC Company C	ode 70580
10.00	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	26.609	/			26,609
2.	Annuity considerations	17 . 158				
3.	Deposit-type contract funds	,	XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	43,767	0	0	0	43,767
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	Applied to provide paid-up additions or shorten the endowment or premium-paying period	585				585
	6.4 Other	585	0	0	0	585
	7.1 Paid in cash or left on deposit					0 0
8.	7.4 Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0 585
	DIRECT CLAIMS AND BENEFITS PAID			-		
10.	Death benefits Matured endowments Annuity benefits	2,000				
12.	Surrender values and withdrawals for life contracts	16,439				16,439
1.1	benefits paid  All other benefits, except accident and health			0		۱/۵, ا۱ است
	Totals	22.617	0	0	0	
1301.	DETAILS OF WRITE-INS Coupons paid	,,,		0	0	,
1303. 1398.	Summary of Line 13 from overflow page	0	0	0	.0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1,178	0	0	0	1,178

	0	rdinary		edit Life	,	Oracio.	le	dustrial		Total
	4	rumary 2	, ,	nd Individual)	5	Group 6	7	8	9	10tai 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	Amount	No.	8 Amount	y No.	Amount
16. Unpaid December 31,	140.	Amount	Or. Certilo.	Amount	Ocitiis.	Amount	NO.	Amount	INO.	Amount
prior year	0	766	0	0	0	0	0	0	0	766
17. Incurred during current										
year	1	5,648							1	5,648
Settled during current		,								,
year: 18.1 By payment in full 18.2 By payment on	1	5,000							1	5,000
compromised claims .									0	0
18.3 Totals paid	1	5,000	0	0		0	0	0	1	5.000
18.4 Reduction by compromise									0	.0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1,414	0	0	0	0	0	0	0	1.414
year (10+17-18.0)	U	1,414	0	U	No. of	U	U	U	U	1,414
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	. 00.00					
prior year	170	1,528,978	0	0	0	0	0	0	170	1,528,978
21. Issued during year									0	0
22. Other changes to in force	(4)	(40, 050)							(4)	(40, 050)
(Net)	(1)	(43,252)						• • • • • • • • • • • • • • • • • • • •	(1)	(43,252)
23. In force December 31 of current year	169	1,485,726	0	(a) 0	0	0	0	0	169	1,485,726

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... current year \$ ... current year \$ .......

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group Policies (b)  24.1 Federal Employees Health Benefits Program premium (b)	14, 166, 121	14,288,571		9,615,635	9,735,588
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	979,433	979,433		472,843	480 , 678
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	979,433	979 , 433	0	472,843	480,678
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,145,554	15,268,004	0	10,088,478	10,216,266

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_35,393 and number of persons insured under Indemnity only products \_\_\_\_\_\_509



DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2008

NAIO	0.140	LIFE	INSURANC	`F		2 1 70500
NAIC C	Group Code 0119	1 2 3			NAIC Company	Code 70580
	DIRECT PREMIUMS	'	Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	10,960	<i>'</i>			10,960
2.	Annuity considerations	6,145				6,145
3.	Deposit-type contract funds		XXX		ХХХ	0
4.	Other considerations					0
	Totals (Sum of Lines 1 to 4)	17,104	0	0	0	17,104
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	608				
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	608	0	0	0	
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	608	0	0	0	608
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	2,807				2,807
12.	Surrender values and withdrawals for life contracts	30,222				30,222
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid		0	0	0	0
	All other benefits, except accident and health					Ω
15.	Totals	33,030	0	0	0	33,030
	DETAILS OF WRITE-INS					
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	0	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	-	_	No. of	•	-			-		. •
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	458	0	0	0	0	0	0	0	458
17. Incurred during current										
year		242							0	242
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current					_			_		
year (16+17-18.6)	0	700	0	0	0	0	0	0	0	700
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	_			_		
prior year	51	3,767,347		0	0	0	0	0	51	3,767,347
21. Issued during year								• • • • • • • • • • • • • • • • • • • •	0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	51	3,767,347	0	0	0	0	0	0	51	3,767,347

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

current year \$

	1	2	3 Divided Deid On	4	5
		Direct Premiums	Dividends Paid Or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
1 24. I Federal Elliployees fleath beliefly Flouralli prelificiti (b)			L	L	
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)	757	757		366	372
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		757	0	366	372
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	757	757	0	366	372

	. =0.0)				***	
(b) For health business on indicated lines repo	ort: Number of person	ns insured under PPO	managed care product	S	and number of pers	sons insured under
Indemnity only products						



DIRECT BUSINESS IN THE STATE OF Delaware

### DURING THE YEAR 2008 LIFE INSURANCE

NAIC C	Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	12,679				12,679
2.	Annuity considerations	6,477				6,477
3.	Deposit-type contract funds		XXX		ХХХ	0
4.						0
5.	Totals (Sum of Lines 1 to 4)	19,156	0	0	0	19,156
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)			0		
	7.1 Paid in cash or left on deposit					0
8	7.4 Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID	Ů	Ü		, and the second	· · ·
9.	Death benefits					0
	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	22,795				22,795
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	4	0	0	0	4
	All other benefits, except accident and health					0
15.	Totals	22,799	0	0	0	22,799
1301.	DETAILS OF WRITE-INS Coupons paid	4				4
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	4	0	0	0	4

	0	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols. &	·	No. of	· ·	·	· ·		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	430	0	0	0	0	0	0	0	430
17. Incurred during current year		394							0	394
year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims . 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	824	0	0	0	0	0	0	0	824
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	63	1 , 783 , 260	Ω	0	٥	0	0	0	63	1,783,260
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	63	1,783,260	0	(a) 0	0	0	0	0	63	1,783,260

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... current year \$ ...... current year \$ ......

### ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE												
	1	2	3	4	5							
			Dividends Paid Or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group Policies (b)	9,961	10,047		6,761	6,846							
24.1 Federal Employees Health Benefits Program premium (b)												
24.2 Credit (Group and Individual)												
24.3 Collectively Renewable Policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b).												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only	,											
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	9.961	10.047	0	6.761	6.846							

and number of persons insured under



DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2008

				_		
NAIC G	roup Code 0119	LIFE	ny Code 70580			
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					86,382
2.	Annuity considerations	12,512				12,512
	Deposit-type contract funds		ХХХ		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	98,894	0	0	0	98,894
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					0
	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	196,953				196, 953
13.	Aggregate write-ins for miscellaneous direct claims and	•				
	benefits paid		D	0		D
		400.050	l			
15.	Totals	196,953	0	0	0	196,953
	DETAILS OF WRITE-INS					
1302.						
	Summary of Line 13 from overflow page	0	<u>0</u>	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Oı	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of		-	-		-		
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	1	37 , 509	0	0	0	0	0	0	1	37 ,509
17 Incurred during current										
year	(1)	(32, 132)							(1)	(32, 132)
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current	0	5 077		0		0	0	0		5 077
year (16+17-18.6)	0	5,377	0	0	0	U	0	0	0	5,377
BOLIOV EVIUDIT					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	0.45	44 202 224	_	(a)	^	^	_	^	0.45	44 202 224
prior year	245	11,303,204	D	0	0	0	0	0	245	11,303,204
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	245	11,303,204	0	0	0	0	0	0	245	11,303,204

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

# ACCIDENT AND HEALTH INSURANCE

ACCIDEN	NI AND DE	ALI II III JU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	826,436	833,580		560,966	567, 964
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)	193	193		93	95
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	193	193	0	93	95
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	826,629	833,773	0	561,059	568,059



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2008

NAIC Group (	Code 0119	LIFE INSURANCE NAIC Company Code 705						
	DIDECT DEFAULAC	1	2	3	4	5		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total		
1 Lifo ir	nsurance	/66 122	,	'	ilidustilai	466 . 122		
2 Annu	lity considerations	107 183				107 , 183		
3. Deno	osit-type contract funds				XXX	0		
	r considerations					0		
	s (Sum of Lines 1 to 4)	573,305	0	0	0	573,305		
	DIRECT DIVIDENDS TO POLICYHOLDERS							
	nsurance:							
6.1 P	Paid in cash or left on deposit	359				359		
6.2 A	applied to pay renewal premiums	368				368		
000	and the state of t							
	endowment or premium-paying period					2,275		
6.4 O	Other					0		
6.5 T	otals (Sum of 6.1 to 6.4)	3,001	0	0		3,001		
	uities:					0		
	aid in cash or left on deposit					U		
	applied to provide paid-up annuities							
7.3 0	Other	Λ	Λ	n	n	 0		
	d Totals (Lines 6.5 plus 7.4)	3.001	0	0	0	3,001		
O. Glail	DIRECT CLAIMS AND BENEFITS PAID	0,001	U	0	0	3,001		
9 Death	h benefits	257 432				257.432		
10 Matu	red endowments	6 500						
11. Annu	ity benefits	40.330						
		1,757,991						
13. Aggre	egate write-ins for miscellaneous direct claims and					, ,		
l l	benefits paid	271	0	0	0	271		
14. All ot	her benefits, except accident and health					0		
15. Total:		2,062,523	0	0	0	2,062,523		
DETA	AILS OF WRITE-INS							
1301. Coupo	ons paid	271				271		
1398. Sumr	mary of Line 13 from overflow page	0 271	J	<u>0</u>	<u>0</u>			
1399. Total:	s (Lines 1301 thru 1303 plus 1398) (Line 13 above)	2/1	0	Ü	U	271		

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	/	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	'	2	No. of Ind. Pols. &	7	No. of	O	,	0	3	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	1	18 , 454	0	0	Ω	0	0	0	1	18,454
17. Incurred during current										
year	15	303 , 152							15	303 , 152
Settled during current										
year: 18.1 By payment in full	14	າຄາ ຄາງ							14	263.932
18.2 By payment on	14	203,932						• • • • • • • • • • • • • • • • • • • •	14	203,932
compromised claims .									0	0
18.3 Totals paid	14	263.932	0	0	0	0	0	0	14	263.932
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									Ω	0
18.6 Total settlements	14	263,932	0	0	0	0	0	0	14	263,932
19. Unpaid Dec. 31, current		57.074		0		0		0		57.074
year (16+17-18.6)	2	57,674	0	0	0	0	0	0	2	57,674
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	Folicies					
prior year	1 201	A7 711 937	n	(a) 0	0	0	0	0	1 201	A7 711 937
21. Issued during year				0		0		0	0	0
22 Other changes to in force										
(Net)	(75)	(2,283,104)							(75)	(2,283,104)
23. In force December 31				(a)						
of current year	1,126	45,428,833	0	0	0	0	0	0	1,126	45,428,833

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ ..... current year \$ .....

# ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	14,054,337	14,175,821		9,539,758	9,658,765
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b)		3,330,869		1,608,051	1,634,696
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	3,330,869	3,330,869	0	1,608,051	1,634,696
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17.385.206	17,506,690	0	11,147,809	11,293,461



DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2008

	3001.g.u	1 166	INICHIDANIC	_	2010	
NAIC C	Group Code 0119	LIFE	INSURANC	<u> </u>	NAIC Company (	Code 70580
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	134,833				134,833
	Annuity considerations					39,266
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	174,100	0	0	0	174,100
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	740				740
	6.4 Other 6.5 Totals (Sum of 6.1 to 6.4)	740	0	0	0	
	Annuities: 7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0 0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	740	0	0	0	740
	DIRECT CLAIMS AND BENEFITS PAID					
10.	Death benefits Matured endowments					36 , 904 0
11.	Annuity benefits	823				823
12.	Surrender values and withdrawals for life contracts	120,224				120 , 224
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	157,951	0	0	0	157,951
1302.	DETAILS OF WRITE-INS Coupons paid					0
1303. 1398.	Summary of Line 13 from overflow page	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	0	Ordinary		edit Life Ind Individual)	,	Group	Industrial		Total	
	1	2	(Group a	10 maividuai) 4	5	6 6	7	8	9	10tai 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	9 No.	Amount
16. Unpaid December 31,	140.	Annount	Or. Ocraio.	Autodit	OCITIIS.	Attiount	140.	Annount	140.	Amount
prior year	1	57 639	0	0	0	0	0	0	1	57 .639
17. Incurred during current										,000
year	3	27 ,684							3	27,684
Settled during current		,								,
year: 18.1 By payment in full	2	36,904							2	36,904
18.2 By payment on									0	0
compromised claims . 18.3 Totals paid	2	36,904	n	0		Λ		Λ		36 904
18.4 Reduction by	∠			0		0		0	∠	
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	36,904	0	0	0	0	0	0	2	36,904
19. Unpaid Dec. 31, current										·
year (16+17-18.6)	2	48,420	0	0	0	0	0	0	2	48,420
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	417	13,743,850	Ω	0	0	0	0	0	417	13,743,850
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(210, 221)							(10)	(319,231)
23. In force December 31	(10)	(318,231)		(a)				• • • • • • • • • • • • • • • • • • • •	(10)	(318,231)
of current year	407	13,424,619	0	(a) 0	0	0	0	0	407	13,424,619

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... current year \$ .....current year \$ ......

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)		12,138,832		8,168,947	8,270,853
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)		736,032		355,336	361,224
25.4 Other accident only					
25.5 All other (b).					
25.5 All other (b)		736,032	0	355,336	361,224
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12.770.837	12.874.864	0	8.524.283	



DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2008

JAIC (	Group Code 0119	LIFE INSURANCE  NAIC Company Code 70580							
NAIC (	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance								
2.	Annuity considerations								
3.	Deposit-type contract funds		XXX		XXX				
4.	Other considerations								
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0				
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit								
	6.2 Applied to pay renewal premiums								
	Applied to provide paid-up additions or shorten the endowment or premium-paying period								
	6.5 Totals (Sum of 6.1 to 6.4)			0	0				
	Annuities: 7.1 Paid in cash or left on deposit								
	7.2 Applied to provide paid-up annuities								
	7.3 Other								
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0				
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0				
	DIRECT CLAIMS AND BENEFITS PAID								
	Death benefits								
	Matured endowments								
	Annuity benefits								
	Surrender values and withdrawals for life contracts								
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0				
	All other benefits, except accident and health								
15.	Totals	0	0	0	0				
	DETAILS OF WRITE-INS								
1302.									
1303.									
1398.	Summary of Line 13 from overflow page	Q			0				
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0				

	0	Credit Life Ordinary (Group and Indi			,	Group	In	dustrial	Total	
	1	2	(Group a	Δ	5	6 6	7	8	9	10tai 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									Ω	0
Settled during current										
year: 18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0		0	0	0		0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current			_		_				_	
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	1	3,000	0	0	٥	0	0	0	1	3,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	1	3,000	0	0	0	0	0	0	1	3,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ ....

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24. I Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b). 25.6 Totals (Sum of Lines 25.1 to 25.5).	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products	and number of persons insured under
Indomnity only products	



DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2008

	0.440	LIFE					
NAIC (	Group Code 0119	<u> </u>	INSURANC		NAIC Company Code 70580		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	2,698				2,698	
2.	Annuity considerations	65,669				65 , 669	
3.	Deposit-type contract funds		ХХХ		XXX	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	68,366	0	0	0	68,366	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period					0	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID	-					
9	Death benefits					0	
	Matured endowments					0	
	Annuity benefits					0	
12	Surrender values and withdrawals for life contracts.	303 368				303.368	
	Aggregate write-ing for miscellaneous direct claims and					,000	
	benefits paid	0	0	0	0	0	
14.	All other benefits, except accident and health					0	
	Totals	303,368	0	0	0	303.368	
	DETAILS OF WRITE-INS	000,000	Ů	ŭ	Ů	000,000	
1301	DETAILS OF WITTE-ING						
1301.							
1300	Summary of Line 13 from overflow page	n	0	0	n	n	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	 N	0		0	 	
1000.	Totals (Lines 1901 tillu 1909 plus 1990) (Line 19 above)	U	U	U	U	0	

	0	rdinarv	Credit Life (Group and Individual) Group		Croup	In	dustrial		Total	
	1	2	3	Δ	5	6 6	7	8	9	10(a)
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	7 tillount	Or. Cortilo.	7 tillount	Cortilo.	7 tillount	110.	7 tillount	110.	7 tillourit
prior year	0	77	0	0	0	0	0	0	0	77
17. Incurred during current										
year		51							0	51
Settled during current										
									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	128	0	0	0	0	0	0	0	128
, , ,					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	13	78,093	Ω	0	Ω	0	0	0	13	
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	13	78,093	0	0	0	0	0	0	13	78,093

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ ....

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24. I Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b). 25.6 Totals (Sum of Lines 25.1 to 25.5).	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products	and number of persons insured under
Indomnity only products	



DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2008

	0.40	LIFE	INSURANC	F	DOMING THE	
NAIC G	Group Code 0119	1	2	3	NAIC Company	Code 70580 5
	DIRECT PREMIUMS	'	Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	2,661				2,661
2.	Annuity considerations	1,210				1,210
	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,871	0	0	0	3,871
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	Ω	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
	Matured endowments					0
	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	110				110
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	110	0	0	0	110
	DETAILS OF WRITE-INS					
1301.						
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Oı	rdinary		edit Life nd Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	-	_	No. of	•	_			-		
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	51	0	0	0	0	0	0	0	51
17. Incurred during current										
year		33							0	33
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	84	0	0	0	0	0	0	0	84
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,			_	(a)						
prior year			D	0	0	0	0	0	22	116,182
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	22	116,182	0	0	0	0	0	0	22	116,182

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINSU	JINANUE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)		456,030		306,890	310,719
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.3 Collectively Renewable Policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)		79		38	39
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		79	0	38	39
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	452.201	456.109	0	306.928	310.758

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_\_1,098 and number of persons insured under lindemnity only products \_\_\_\_\_\_43



DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2008

				_					
NAIC G	Group Code 0119	LIFE INSURANCE NAIC Company Code							
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	266,209				266,209			
2.	Annuity considerations	159,603				159,603			
	Deposit-type contract funds		XXX		XXX	0			
4.	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	425,812	0	0	0	425,812			
	DIRECT DIVIDENDS TO POLICYHOLDERS								
	Life insurance:								
	6.1 Paid in cash or left on deposit	704				704			
	6.2 Applied to pay renewal premiums	1,787				1,787			
	6.3 Applied to provide paid-up additions or shorten the								
	endowment or premium-paying period	10,015				10,015			
	6.4 Other	338				338			
	6.5 Totals (Sum of 6.1 to 6.4)	12,845	0	0	0	12,845			
	Annuities:								
	7.1 Paid in cash or left on deposit					9			
	7.2 Applied to provide paid-up annuities					0			
	7.3 Other					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)	9	<u>0</u>	0	<u>0</u>	9			
8.	Grand Totals (Lines 6.5 plus 7.4)	12,854	0	0	0	12,854			
	DIRECT CLAIMS AND BENEFITS PAID								
9.	Death benefits	169,036				169,036			
10.	Matured endowments	26,155				26 , 155			
11.	Annuity benefits	2,595							
	Surrender values and withdrawals for life contracts	419,645				419,645			
13.	Aggregate write-ins for miscellaneous direct claims and	407	0	0	0	107			
	benefits paid		U			197			
	All other benefits, except accident and health	617,628	0	0	0	U			
15.	Totals	017,028	U	U	U	617,628			
1001	DETAILS OF WRITE-INS	407				107			
1301.	Coupons paid	197				197			
	0			Λ					
	Summary of Line 13 from overflow page	U	الم	U	h				
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	197	U	U	U	197			

	0	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	•	_	No. of	•	-	,		-	-	
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	(1)	10,228	0	0	0	0	0	0	(1)	10,228
17. Incurred during current									, ,	·
year	21	240 , 196							21	240 , 196
Settled during current										
year:										
18.1 By payment in full	19	195 , 191							19	195,191
18.2 By payment on										
compromised claims.									0	0
	19	195 , 191	0	0	0	0	0	0	19	195,191
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	19	195 , 191	0	0	0	0	0	0	19	195, 191
19. Unpaid Dec. 31, current										
year (16+17-18.6)	2	55,232	0	0	0	0	0	0	2	55,232
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	1,794	37 , 376 , 583	Ω	0	٥	0	0	0	1,794	37 , 376 , 583
21. Issued during year									0	0
22. Other changes to in force	(55)	(4 000 474)							(55)	// 000 /7/
(Net)	(55)	(1,688,4/4)							(55)	(1,688,4/4)
23. In force December 31	4 700	25 000 400	_	(a)	^		0	^	4 700	05 000 400
of current year	1,739	35,688,109	0	0	0	0	0	0	1,739	35,688,109

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDEI	AI AND HE	ALIII INS	JIMIUL		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	28,552,321	28,799,124		19,380,654	19,622,425
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	1,456,832	1,456,832		703,318	714,972
25.4 Other accident only					
25.5 All other (b)	,				
25.5 All other (b)	1,456,832	1,456,832	0	703,318	714,972
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	30.009.153	30.255.956	0	20.083.972	20.337.397



DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2008

NAIC G	roup Code 0119	LIFE INSURANCE NAIC Company Code 70580							
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	260,373				260,373			
2.	Annuity considerations	35,831				35,831			
	Deposit-type contract funds		XXX		ХХХ	0			
4.	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	296,203	0	0	0	296,203			
	DIRECT DIVIDENDS TO POLICYHOLDERS								
	Life insurance:								
	6.1 Paid in cash or left on deposit	1 , 116							
	6.2 Applied to pay renewal premiums	641				641			
	6.3 Applied to provide paid-up additions or shorten the								
	endowment or premium-paying period	12,897				12,897			
	6.4 Other					0			
	6.5 Totals (Sum of 6.1 to 6.4)	14,654	0	0	0	14,654			
	Annuities:								
	7.1 Paid in cash or left on deposit					0			
	7.2 Applied to provide paid-up annuities					0			
	7.3 Other					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0			
8.	Grand Totals (Lines 6.5 plus 7.4)	14,654	0	0	0	14,654			
	DIRECT CLAIMS AND BENEFITS PAID	707 400				707 100			
9.	Death benefits	/97,499							
10.	Matured endowments	8,361				8,361			
11.	Annuity benefits								
	Surrender values and withdrawals for life contracts	300,400				360,460			
13.	Aggregate write-ins for miscellaneous direct claims and	720	0	^	0	720			
14	benefits paid  All other benefits, except accident and health		U	J					
	Totals	1,174,791	0	0	0	1,174,791			
15.	DETAILS OF WRITE-INS	1,174,791	U	U	U	1,174,791			
1201	Coupons paid	720				720			
1301.	coupons paru	1 39							
				Λ	Λ				
	Summary of Line 13 from overflow page	739				739			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	739	U	U	U	739			

	Qı	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	•	_	No. of	•	-	,		-	-	. •
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	-						-		-	
prior year	2	14,464	0	0	0	0	0	0	2	14,464
17 Incurred during current										
year	38	811,273							38	811,273
Settled during current										
year:										
18.1 By payment in full	39	805,860							39	805,860
18.2 By payment on										
compromised claims.									0	0
	39	805,860	0	0	0	0	0	0	39	805,860
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	39	805,860	0	0	0	0	0	0	39	805,860
19. Unpaid Dec. 31, current					_			_		
year (16+17-18.6)	1	19,876	0	0	0	0	0	0	1	19,876
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	4 007	44 057 407		(a)					4 007	44 057 407
prior year	1,33/	41,357,407		0	0	0	0	0	1,33/	41,357,407
21. Issued during year		• • • • • • • • • • • • • • • • • • • •						• • • • • • • • • • • • • • • • • • • •	Ω	0
22. Other changes to in force (Net)	(200)	(6.070.077)							(220)	(6.070.077)
(Net)	(229)	(0,970,977)							(229)	(0,970,977)
	1,108	34,386,430	٥	(a)	0	0	0	0	1.108	24 206 420
of current year		34,300,430	U	U	U	U	U	U	1,108	34,386,430

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	7 , 106 , 917	7, 168, 348		4,824,011	4,884,189
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b)		1,592			782
25.4 Other accident only					
25.5 All other (b).					
25.5 All other (b)	1,593	1,592	0		
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,108,510	7.169.940	0	4.824.780	4.884.971



DIRECT BUSINESS IN THE STATE OF lowa

DURING THE YEAR 2008

		LIFE	INSURANC	F	DOMINO THE TE	
NAIC (	Group Code 0119		11100177110	3	NAIC Company C	ode 70580 5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	21,188				21,188
2.	Annuity considerations	11.010				11,010
3.	Deposit-type contract funds		XXX		ХХХ	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	32,197	0	0	0	32,197
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	Applied to provide paid-up additions or shorten the endowment or premium-paying period     Other	1,744				1,744
	6.5 Totals (Sum of 6.1 to 6.4)  Annuities: 7.1 Paid in cash or left on deposit	1,744		0	0	1,744
g	7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)			0	0	0 0 0 1.744
	DIRECT CLAIMS AND BENEFITS PAID	1,711		•		1,7 11
10.	Death benefits  Matured endowments					0
11.	Annuity benefits	19,729				
12.	Surrender values and withdrawals for life contracts	131,295				131 , 295
	Aggregate write-ins for miscellaneous direct claims and benefits paid	113	0	0	0	113
	All other benefits, except accident and health			^	^	U
15.	Totals	151,138	0	0	U	151,138
1302.	DETAILS OF WRITE-INS Coupons paid					113
1398.	Summary of Line 13 from overflow page	0		0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	113	0	0	0	113

	Oı	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols. &	·	No. of		·	· ·		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	1	1 ,457	0	0	0	0	0	0	1	1,457
year  Settled during current	(1)	254			•				(1)	254
year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims . 18.3 Totals paid		0			0				0	0
18.4 Reduction by compromise						0		0	0	
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1.711	0	0	0	0	0	0	0	1.711
,	Ů	1,711	· · · · · ·	Ü	No. of	Ů	0	0		1,711
POLICY EXHIBIT					Policies					
20. In force December 31,	46-	0.504:	_	(a)	_			_		0.504.55
prior year	137	2,501,371	0	0	0	0	0	0	137	2,501,371
21. Issued during year									D	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	137	2,501,371	0	(a)	0	0	0	0	137	2,501,371

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... ..... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	112,111	113,080		76,098	77 , 048
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes or fees					• • • • • • • • • • • • • • • • • • • •
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	18,411	18,411		8,888	9,036
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	18,411	18,411	0	8,888	9,036
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	130,522	131,491	0	84,986	86,084



DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2008

NA10 6	0.1. 0.1. 0.10	LIFE	<b>INSURANC</b>	F		70500
NAIC G	Group Code 0119	1	2	3	NAIC Company (	5 Jode 70080
	DIRECT PREMIUMS		Credit Life (Group		· · · · · ·	· ·
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	4,944				4,944
	Annuity considerations					13,358
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	18,302	0	0	0	18,302
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2.500				2.500
	Matured endowments					0
	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	20.123				20.123
	Aggregate write-ins for miscellaneous direct claims and					,
	benefits paid	3	0	0	0	3
14.	All other benefits, except accident and health					0
	Totals	22,626	0	0	0	22,626
	DETAILS OF WRITE-INS	,			-	,
1301.	Coupons paid	3				3
1398	Summary of Line 13 from overflow page	0	0	0	0	0
1399	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	3	n l	ñ	ñ	3

	0	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	2	No. of Ind. Pols. &	7	No. of	0	,	0	3	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	100	0	0	Ω	0	0	0	0	100
17. Incurred during current										
year	0	2,561							0	2,561
Settled during current										
year: 18.1 By payment in full	0	2 500							0	2.500
18.2 By payment on		2,500								2,500
compromised claims									0	0
18.3 Totals paid	0	2,500	0	0		0	0	0	0	2,500
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									Ω	0
18.6 Total settlements	0	2,500	0	0	0	0	0	0	0	2,500
19. Unpaid Dec. 31, current	0	161	0	0	0	0	0	0	0	161
year (16+17-18.6)	U	101	U	U	No. of	U	U	U	U	101
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	1 0110103					
prior year	40	374 . 138	0	0	0	0	0	0	40	374 . 138
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(1)	(21,626)							(1)	(21,626)
23. In force December 31				(a)						
of current year	39	352,512	0	0	0	0	0	0	39	352,512

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	2,906,653	2,931,778		1,972,969	1,997,581
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	380,505	380,505		183,697	186,741
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	380,505	380,505	0	183,697	186 , 741
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,287,158	3,312,283	0	2,156,666	2,184,322



DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2008

IAIC Group Co	ode 0119	LIFE	INSURANCE		NAIC Company C	ode 70580
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
<ol> <li>Life ins</li> </ol>	surance	55,881				
<ol><li>Annuit</li></ol>	y considerations	23,972				23 , 97
	it-type contract funds		ХХХ		ХХХ	
	considerations					
<ol><li>Totals</li></ol>	(Sum of Lines 1 to 4)	79,853	0	0	0	79,85
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life ins	surance:					
6.1 Pa	id in cash or left on deposit	152				1
	plied to pay renewal premiums					
	plied to provide paid-up additions or shorten the ndowment or premium-paying period					
6.4 Oth	ner					
6.5 To	tals (Sum of 6.1 to 6.4)	152	L0 L	0	0	1
Annui						
7.1 Pa	id in cash or left on deposit					
7.2 Ap	plied to provide paid-up annuities					
7.3 Oth	ner					
7.4 To	tals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
	Totals (Lines 6.5 plus 7.4)	152	0	0	0	1
	DIRECT CLAIMS AND BENEFITS PAID					
9. Death	benefits	123,770				123,7
<ol><li>Mature</li></ol>	ed endowments	1,000				1,0
11. Annuit	y benefits	12,645				12,6
12. Surren	der values and withdrawals for life contracts	25,615				
13. Aggred	gate write-ins for miscellaneous direct claims and	,				· · · · · · · · · · · · · · · · · · ·
be	enefits paid	0	0	0	0	
14. All other	er benefits, except accident and health					
15. Totals	, ' '	163.030	0	0	0	163.0
DETAI	LS OF WRITE-INS	,				
1000						
1398. Summ	ary of Line 13 from overflow page	0	0	0	0	
	(Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	

	0	rdinon.		edit Life	,	Oracio.	le	ductrial		Total
	4	rdinary		nd Individual) 4		Group	7	dustrial		Total 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	No.	8 Amount	9 No.	Amount
16. Unpaid December 31,	1141						1141			
prior year	0	1,669	0	0	0	0	0	0	0	1,669
17. Incurred during current										,
year	7	140,783							7	140,783
Settled during current										
year: 18.1 By payment in full	6	124,770							6	124,770
18.2 By payment on compromised claims .									0	0
	6	124,770	0	0	0	0	0	0	6	124,770
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	124,770	0	0	0	0	0	0	6	124,770
19. Unpaid Dec. 31, current year (16+17-18.6)	1	17,682	0	0	0	0	0	0	1	17,682
, , ,		7		-	No. of			-		,
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year			Ω	0	Ω	0	0	0	326	6 , 456 , 650
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(35)	(1,079,301)							(35)	(1,079,301)
23. In force December 31	00.4	5 077 040		(a)					00.4	5 077 040
of current year	291	5,377,349	0	0	0	0	0	0	291	5,377,349

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ ....

### ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE											
	1	2	3 Dividends Paid Or	4	5						
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and individual)											
24.3 Collectively Renewable Policies (b)24.4 Medicare Title XVIII exempt from state taxes or fees											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.2 Guaranteed renewable (b)	4,325	4,325		2,088	2,123						
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)		4,325	0	2,088	2,123						
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	4.325	4.325	0	2.088	2.123						

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products Indemnity only products ... and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Louisiana

### DURING THE YEAR 2008 LIFE INSURANCE

NAIC G	Group Code 0119	LIFE INSURANCE NAIC Company Code 70580							
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance			'		.30,376			
2.	Annuity considerations	5,017				5,017			
	Deposit-type contract funds		XXX		XXX	0			
4.	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	35,393	0	0	0	35,393			
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0			
	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0			
	6.4 Other	Λ			Λ				
	Annuities: 7.1 Paid in cash or left on deposit								
	7.2 Applied to provide paid-up annuities					0			
	7.3 Other					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)			0	0	0			
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0			
	DIRECT CLAIMS AND BENEFITS PAID								
	Death benefits					1,033			
10.	Matured endowments	4.400				0			
11.	Annuity benefits	4,130				4,130			
		10,042				10,042			
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0			
	All other benefits, except accident and health	15.205	0	0	0	15,205			
15.	DETAILS OF WRITE-INS	10,200	U	U	U	10,200			
1301	DETAILS OF WRITE-INS								
1301.		• • • • • • • • • • • • • • • • • • • •							
		•							
	Summary of Line 13 from overflow page		0	0	0	0			
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0			

	O	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	2	No. of Ind. Pols. &	7	No. of	0	,	o o		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	905	0	0	Ω	0	0	0	٥	905
17. Incurred during current										
year	0	1,871							0	1,871
Settled during current										
year:										
18.1 By payment in full	0	1,033							0	1,033
18.2 By payment on										0
compromised claims.		4 000							0	0
18.3 Totals paid	0	1,033	0	0	U	0	0	0		1,033
18.4 Reduction by compromise									0	0
18.5 Amount rejected									٥	0
18.6 Total settlements	0	1,033	0	0	0	0	0	0	0	1,033
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	1,743	0	0	0	0	0	0	0	1,743
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year				0	0	0	0	0	109	2,903,401
21. Issued during year									0	0
22. Other changes to in force (Net)		(8,937)							0	(8,937)
23. In force December 31				(a)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
of current year	109	2,894,464	0	0	0	0	0	0	109	2,894,464

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .....

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group Policies (b)  24.1 Federal Employees Health Benefits Program premium (b)	6,383,045	6,438,219		4,332,663	4,386,712
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	759 , 196	759 , 196		366,519	372,592
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	759 , 196	759 , 196	0	366 , 519	372,592
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,142,241	7,197,415	0	4,699,182	4,759,304

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_28,055 and number of persons insured under Indemnity only products \_\_\_\_\_\_78



DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2008

		LIFE	INSURANC	F	DOMING THE TE	
NAIC (	Group Code 0119			3	NAIC Company C	5 5 code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	2,885				2,885
2.	Annuity considerations	2,250				2,250
	Deposit-type contract funds		XXX		ХХХ	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	5,135	0	0	0	5,135
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	Applied to provide paid-up additions or shorten the endowment or premium-paying period     Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	0		0	0	0
8.	7.2 Applied to provide paid-up annuities		0	0	0	0 0 0
	DIRECT CLAIMS AND BENEFITS PAID					
10. 11.	Death benefits  Matured endowments  Annuity benefits					0 0
12.	Surrender values and withdrawals for life contracts	2,279				2,279
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	2,279	0	0	0	2,279
1302. 1303.	DETAILS OF WRITE-INS					
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	0	rdinarv		edit Life Ind Individual)	,	Group	In	dustrial		Total
	1	2	(Group a	na maividuai)	5	6 6	7	8	9	10tai 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	9 No.	Amount
16. Unpaid December 31,	110.	7 1110 0110	0 00	7 11110 01110	00111101	7 1110 0110	110.	7 1110 0110		7 1110 0110
prior year	0	190	0	0	0	0	0	0	0	190
17. Incurred during current										
year		133							0	133
Settled during current										
									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	323	0	0	0	0	0	0	0	323
,					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	18	359,794	0	0	0	0	0	0	18	359,794
21. Issued during year									0	0
									0	0
23. In force December 31				(a)						
of current year	18	359,794	0	0	0	0	0	0	18	359,794

current year \$ current year \$ prior year \$ current year \$ (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ...

ACCIDE	NI AND HE	ALIHINSU	JRANCE		
	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)		405		196	199
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		405	0	196	199
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	405	405	0	196	199

-: 10taio (Eii100 E : E :							
(b) For health business	on indicated line	es report: Num	ber of persons	insured under PPO	managed care products	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2008

NAIC	, , , , , , , , , , , , , , , , , , ,	LIFE	INSURANC	F	NAIGO	70500
NAIC	Group Code 0119			3	NAIC Company C	5 5
	DIRECT PREMIUMS	1	Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1	Life insurance	83/ 18/				834 , 184
2	Annuity considerations	/62 Q16				462,916
3	Deposit-type contract funds		V/V/V		XXX	
	Other considerations					
	Totals (Sum of Lines 1 to 4)	1.297.099	0	0	0	1.297.099
<u> </u>	DIRECT DIVIDENDS TO POLICYHOLDERS	1,201,000	· ·	•	<u> </u>	1,201,000
	Life insurance:					
	6.1 Paid in cash or left on deposit	474				474
						n
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	342				342
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)	816	0	0	n	816
	Annuities:	010				010
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8	Grand Totals (Lines 6.5 plus 7.4)	816	0	0	0	816
<u> </u>	DIRECT CLAIMS AND BENEFITS PAID	0.0	Ů		, and the second	0.0
9	Death benefits	565 876				565 876
10	Matured endowments					0
	Annuity benefits					450
	Surrender values and withdrawals for life contracts	1.067.741				1.067.741
	Aggregate write-ins for miscellaneous direct claims and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
	Totals	1,634,067	0	0	0	1,634,067
	DETAILS OF WRITE-INS	, ,				, ,
1301.						
1302.						
1398.	Summary of Line 13 from overflow page	0	0	0 L	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	2	No. of Ind. Pols. &	7	No. of	o o	,	J		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	6	158,657	0	0	0	0	0	0	6	158,657
year Settled during current	21	492,452							21	492,452
year: 18.1 By payment in full 18.2 By payment on	25	565,876							25	565,876
compromised claims		505.070							0	0
18.3 Totals paid	25	565,876	0	0	0	0	0	0	25	565,876
18.4 Reduction by compromise									0	0
18.5 Amount rejected									٥	0
18.6 Total settlements	25	565,876	0	0	0	0	0	0	25	565,876
19. Unpaid Dec. 31, current year (16+17-18.6)	2	85,232	0	0	0	0	0	0	2	85,232
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	i Olicies					
prior year	4.090	103.731.154	0	(a) 0	0	0	0	0	4.090	103.731.154
21. Issued during year									0	0
22. Other changes to in force (Net)									(161)	(4.895.031)
23. In force December 31	( . 0 . /			(a)						
of current year	3,929	98,836,123	0	0	0	0	0	0	3,929	98,836,123

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... current year \$ .....

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)		3,179,544		2,139,706	2,166,398
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	947	947		457	465
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	947	947	0	457	465
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3.153.243	3.180.491	0	2.140.163	2.166.863



DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2008 NAIC Company Code 70580

NAIC	Group Code 0119	LIFE	INSURANC	:F	NAIG	70500
NAIC C	Group Code 0119		2	3	NAIC Company	Code 70580 5
	DIRECT PREMIUMS	<b>'</b>	Credit Life (Group	3	7	3
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	227,909				227,909
2.	Annuity considerations	63,604				63,604
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	291,512	0	0	0	291,512
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	121				121
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	121	0	0	0	121
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	121	0	0	0	121
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	80,000				80 , 000
10.	Matured endowments					0
11.	Annuity benefits	14 , 184				
12.	Surrender values and withdrawals for life contracts	275,814				275 , 814
	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	369,997	0	0	0	369,997
	DETAILS OF WRITE-INS					
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	0	rdinary		edit Life ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	-	_	No. of		-			-		
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	1	32,464	0	0	0	0	0	0	1	32,464
17. Incurred during current										·
year	4	65,650							4	65,650
Settled during current										
year:										
18.1 By payment in full	4	80,000							4	
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	4	80,000	0	0	0	0	0	0	4	80 , 000
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	80,000	0	0	0	0	0	0	4	80 , 000
19. Unpaid Dec. 31, current										
year (16+17-18.6)	1	18,113	0	0	0	0	0	0	1	18,113
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year					٥	0	0	0	712	23,816,905
21. Issued during year								• • • • • • • • • • • • • • • • • • • •	0	0
22. Other changes to in force	, !	/							,	
(Net)	(23)	(692,028)							(23)	(692,028)
23. In force December 31		00 101	_	(a)	_	_		_		00 101
of current year	689	23,124,877	0	0	0	0	0	0	689	23,124,877

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

# ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND DE	ALI II III JU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	193,992	195,669		131,678	133,320
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.3 Collectively Renewable Policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)	1,221	1,221		589	599
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	1,221	1,221	0	589	599
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	195,213	196,890	0	132,267	133,919



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2008

NAIC G	Group Code 0119	LIFE	<b>INSURANC</b>	E	NAIC Company	Code 70580
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	436,571				436 , 571
2.	Annuity considerations	121,359				121,359
3.	Deposit-type contract funds		ХХХ		ХХХ	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	557,930	0	0	0	557,930
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:					
	6.1 Paid in cash or left on deposit	3 441				3 441
	6.2 Applied to pay renewal premiums	549				549
	6.3 Applied to provide paid up additions or shorten the					
	endowment or premium-paying period	15.030				15.030
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	19,019	0	0	0	19,019
	Annuities:					
	7.1 Paid in cash or left on deposit	2,011				2,011
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	2,011	0	0	0	2,011
8.	Grand Totals (Lines 6.5 plus 7.4)	21,030	0	0	0	21,030
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
10.	Matured endowments	25,972				
11.	Annuity benefits					
	Surrender values and withdrawals for life contracts	867,438				867 , 438
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	117	0	0	0	117
14.	All other benefits, except accident and health					0
	Totals	1,436,339	0	0	0	1,436,339
	DETAILS OF WRITE-INS	, ,				, ,
1301.	Coupons paid	117				117
1302.						
1303.						
	Summary of Line 13 from overflow page			0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	117	0	0	0	117

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS		2	No. of Ind. Pols. &	7	No. of	0	,	o o		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	5	31,653	0	0	0	0	0	0	5	31,653
year  Settled during current	28	510,728							28	510,728
year: 18.1 By payment in full	32	494 , 787							32	494,787
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	32	494 , 787	0	0	0	0	0	0	32	494 , 787
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	32	494 , 787	0	0	0	0	0	0	32	494,787
19. Unpaid Dec. 31, current year (16+17-18.6)	1	47.594	0	0	0	0	0	0	1	47.594
		,001		, , , , , , , , , , , , , , , , , , ,	No. of	, and the second		, ,		,00 .
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	_					
prior year	2,845	51,557,492	0	0	0	0	0	0	2,845	51,557,492
21. Issued during year									Ω	0
22. Other changes to in force (Net)	(141)	(4,280,086)							(141)	(4,280,086)
23. In force December 31			0	(a)	0	0	0			
of current year	2,704	47,277,406	U	U	U	U	U	U	2,704	47,277,406

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ ..... current year \$ .....

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIII III SU	JIMIUCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group Policies (b)  24.1 Federal Employees Health Benefits Program premium (b)		13,368,509		8,996,470	9, 108, 700
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	424,048	424,048		204,719	208,111
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	424,048	424,048	0	204,719	208,111
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	13.677.992	13.792.557	0	9.201.189	9.316.811

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care products \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_40,135 and number of persons insured under line managed care prod



DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2008

NAIC G	Group Code 0119	LIFE	INSURANC	E	NAIC Company C		
NAIC	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	124,087	<i>'</i>	'		124,087	
2.	Annuity considerations	5.819				5,819	
3.	Deposit-type contract funds	,	ХХХ		XXX	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	129,906	0	0	0	129,906	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit	1,953				1,953	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	4,606				4,606	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)	6 , 559	0	0	0	6 , 559	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	6,559	0	0	0	6,559	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	135,943					
10.	Matured endowments	12,667					
	Annuity benefits						
	Surrender values and withdrawals for life contracts	172,882				172,882	
13.	Aggregate write-ins for miscellaneous direct claims and	4 000				4 000	
	benefits paid	1,009	D	0	0	1,009	
	All other benefits, except accident and health					0	
15.	Totals	333,412	0	0	0	333,412	
	DETAILS OF WRITE-INS	,				,	
	Coupons paid					1,009	
1303.							
	Summary of Line 13 from overflow page	0	L	0	0	0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1,009	0	0	0	1,009	

	Qı	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	-	_	No. of	•	_			-		
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	1	29,664	0	0	0	0	0	0	1	29,664
17 Incurred during current										
year	11	125,568							11	125,568
Settled during current										
year:										
18.1 By payment in full	12	148,611							12	148,611
18.2 By payment on										
compromised claims . 18.3 Totals paid									0	0
18.3 Totals paid	12	148,611	0	0	0	0	0	0	12	148,611
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	148,611	0	0	0	0	0	0	12	148,611
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	6,621	0	0	0	0	0	0	0	6,621
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	741	12,788,415	Ω	0	٥	0	0	0	741	12,788,415
21. Issued during year									0	0
22 Other changes to in force										
(Net)	(42)	(1,285,535)							(42)	(1,285,535)
23. In force December 31				(a)						
of current year	699	11,502,880	0	0	0	0	0	0	699	11,502,880

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)	3,089,698	3,116,405		2,097,215	2,123,378						
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.3 Collectively Renewable Policies (b)											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)	747	747		361	367						
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)		747	0	361	367						
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	3.090.445	3.117.152	0	2.097.576	2.123.745						

24.MN



DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2008

NAIC		LIFE	INSURANC	F	NAIS S	
NAIC G	Group Code 0119	1 2 3			NAIC Company	5
	DIRECT PREMIUMS	0 "	Credit Life (Group			<del>-</del>
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	26,252				26,252
2.	Annuity considerations	4,661				4,661
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	30,913	0	0	0	30,913
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	0		0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits	100 000				100 000
	Matured endowments					0
	Annuity benefits					0
12	Surrender values and withdrawals for life contracts	92 997				00 007
13	Aggregate write-ing for miscellaneous direct claims and					
10.	benefits paid	0	0	0	0	0
14	All other benefits, except accident and health					0
	Totals	192.997	0	0	0	192,997
10.	DETAILS OF WRITE-INS	102,001	Ů	•	•	102,007
1301	DETAILS OF WRITE-INS					
1303.	Cumman of Line 12 from a coffee page	Λ	n			Λ
	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	Ü	U	U	U	0

	Qi	rdinary	Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No		No. of Ind. Pols. &	Amount	No. of		, No		Ü	
	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,		000							0	200
prior year	0	826	Ω	0	0	0	0	0	0	826
17. Incurred during current		100 110								100 110
year	4	100,413							4	100 , 413
Settled during current										
year:										
18.1 By payment in full	4	100,000							4	100,000
18.2 By payment on										
compromised claims . 18.3 Totals paid									0	0
	4	100,000	0	0	0	0	0	0	4	100,000
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	100,000	0	0	0	0	0	0	4	100,000
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	1,239	0	0	0	0	0	0	0	1,239
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	60	1,664,106	0	0	0	0	0	0	60	1,664,106
21. Issued during year		• • • • • • • • • • • • • • • • • • • •							0	0
22. Other changes to in force										
(Net)	(28)	(865,035)							(28)	(865,035)
23. In force December 31		,		(a)					, ,	,
of current year	32	799,071	0	0	0	0	0	0	32	799,071
(a) Includes Individual Credit Li	ife Insurance	: prior year \$		cu	rrent year \$					
Includes Group Credit Life I								ront voor ¢		

# Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

### ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)		2,021,219		1,360,199	1,377,167						
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)		354,368		171,079	173,914						
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)		354,368	0	171,079	173,914						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,358,265	2.375.587	0	1.531.278	1.551.081						



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2008

				_			
NAIC G	roup Code 0119	LIFE	NAIC Company	Company Code 70580			
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	27,679				27,679	
2.	Annuity considerations	33,548				33,548	
	Deposit-type contract funds		ХХХ		XXX	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	61,227	0	0	0	61,227	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	1,533				1,533	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)	1,533	0	0		1,533	
	Annuities:						
	7.1 Paid in cash or left on deposit					1	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	1	0	0	0	1	
8.	Grand Totals (Lines 6.5 plus 7.4)	1,534	0	0	0	1,534	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	2,234				2,234	
10.	Matured endowments					0	
11.	Annuity benefits	929				929	
	Surrender values and withdrawals for life contracts	74,032				74,032	
13.	Aggregate write-ins for miscellaneous direct claims and	_				_	
	benefits paid	5				5	
	All other benefits, except accident and health					0	
15.	Totals	77,200	0	0	0	77,200	
	DETAILS OF WRITE-INS	_				-	
	Coupons paid	5				5	
	Summary of Line 13 from overflow page	<u>0</u>	<u>0</u>	0	<u>0</u>	<u>0</u>	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	5	0	0	0	5	

	0	rdinary		edit Life nd Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	-	_	No. of	•	_	-		-		. •
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	777	0	0	0	0	0	0	0	777
17. Incurred during current										
year	0	2,933							0	2,933
Settled during current										
year:										
18.1 By payment in full	0	2,234							0	2,234
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	2,234	0	0	0	0	0	0	0	2,234
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	2,234	0	0	0	0	0	0	0	2,234
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	1,476	0	0	0	0	0	0	0	1,476
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	135	2,345,712	0	0	0	0	0	0	135	2,345,712
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(1)	(19,323)							(1)	(19,323)
23. In force December 31				(a)						
of current year	134	2,326,389	0	0	0	0	0	0	134	2,326,389

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .....

# ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)	6,788,616	6,847,296		4,607,956	4,665,439						
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b).											
25.2 Guaranteed renewable (b)											
25.1 Non-cancelable (b)	248,314	248,314		119,879	121,865						
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)	248,314	248,314	0	119,879	121,865						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7.036.930	7.095.610	0	4.727.835	4.787.304						



DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2008

NAIC (	Group Code 0119	LIFE	INSURANC	Ε	NAIC Company C	todo 70580
INAIC	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	4,805				4.805
2.	Annuity considerations	880				880
3.	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	5,686	0	0	0	5,686
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:	,				,
	6.1 Paid in cash or left on deposit					0
	6.3 Applied to provide paid-up additions or shorten the					ν
	endowment or premium-paying period					0
	6.5 Totals (Sum of 6.1 to 6.4) Annuities:	0	0	0	0	0
	7.1 Paid in cash or left on deposit					0
						0
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	9.671				9.671
10.	Matured endowments	2,500				2,500
	Annuity benefits					0
	Surrender values and withdrawals for life contracts	289				289
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	12,461	0	0	0	12,461
	DETAILS OF WRITE-INS					
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	0	rdinarv	Credit Life (Group and Individu		Group		Industrial		Total	
	1	2	3	4	5	6 6	7	8	9	10(a)
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	9 No.	Amount
16. Unpaid December 31,	-						-		-	
prior year	0	172	0	0	0	0	0	0	0	172
17. Incurred during current										
year	2	12,330							2	12,330
Settled during current										
year: 18.1 By payment in full	2	12,171							2	12,171
18.2 By payment on compromised claims.									0	0
	2	12,171	0	0	0	0	0	0	2	12,171
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	12,171	0	0	0	0	0	0	2	12,171
19. Unpaid Dec. 31, current year (16+17-18.6)	0	331	0	0	0	0	0	0	0	331
,					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year		209,537	Ω	0	Ω	0	0	0	26	209,537
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(3)	(105,287)							(3)	(105,287)
23. In force December 31				(a)						
of current year	23	104,250	0	0	0	0	0	0	23	104,250

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ .....current year \$ .....

	1	2	3 Dividends Paid Or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Reliewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	51	51		25	25
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	51	51	0	25	25
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	51	51	0	25	25

(b) For health business on indicated lines report: Number	r of persons insured under PPO r	managed care product	S	and number of pers	sons insured under
Indemnity only products					



DIRECT BUSINESS IN THE STATE OF Nebraska

### DURING THE YEAR 2008 LIFE INSURANCE

NAIC Group Code 0119	LIFE	LIFE INSURANCE NAIC Company Code 70580							
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5				
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total				
Life insurance	16,907				16,907				
Annuity considerations	5 , 656				5 , 656				
Deposit-type contract funds		XXX		XXX	0				
Other considerations					0				
5. Totals (Sum of Lines 1 to 4)	22,563	0	0	0	22,563				
DIRECT DIVIDENDS TO POLICYHOLDERS									
Life insurance:									
6.1 Paid in cash or left on deposit					0				
6.2 Applied to pay renewal premiums					0				
6.3 Applied to provide paid-up additions or shorten the									
endowment or premium-paying period					373				
6.4 Other					0				
6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	3/3				
Annuities:					0				
7.1 Paid in cash or left on deposit					0				
7.2 Applied to provide paid-up annuities					0				
7.3 Other					0				
7.4 Totals (Sum of Lines 7.1 to 7.3)		J	U	U					
8. Grand Totals (Lines 6.5 plus 7.4)	373	U	U	U	373				
DIRECT CLAIMS AND BENEFITS PAID									
9. Death benefits					U				
10. Matured endowments					U				
11. Annuity benefits									
12. Surrender values and withdrawals for life contracts					23,599				
Aggregate write-ins for miscellaneous direct claims and benefits paid	6	0	0	0	6				
14. All other benefits, except accident and health		u							
14. All other benefits, except accident and health	24.238	n	0	Λ	24.238				
DETAILS OF WRITE-INS	24,230	U	U	U	24,230				
1301. Coupons paid	6				6				
1301. Coupons pard									
1303.									
1398. Summary of Line 13 from overflow page		0	Λ	Λ	Λ				
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	6	h l	n	n I	6				
1000. Totals (Lines 1001 tilla 1000 plus 1090) (Line 10 above)	U	U	U	U	0				

	0	Ordinary		Credit Life (Group and Individual)		Group		dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols. &	·	No. of	· ·	·	· ·		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	484	0	0	0	0	0	0	0	484
<ol><li>17. Incurred during current</li></ol>										
year		420							٥	420
Settled during current										
year:									_	
18.1 By payment in full									0	0
18.2 By payment on										0
compromised claims .		0			Λ	۸			D	0
18.3 Totals paid		0		0		0		0		0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	904	0	0	0	0	0	0	0	904
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	00	4 400 044		(a)					00	4 400 044
prior year	83		D	0	0	0	0	0	83	
21. Issued during year									D	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	83	1,436,011	0	0	0	0	0	0	83	1,436,011

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... current year \$ ...... current year \$ ......

# ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE										
	1	2	3	4	5					
			Dividends Paid Or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group Policies (b)	324,678	327 , 484		220,384	223 , 133					
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively Renewable Policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)										
25.3 Non-renewable for stated reasons only (b)		33,809		16,322	16,593					
25.4 Other accident only										
25.5 All other (b)										
25.5 All other (b)	33,809	33,809	0	16,322	16,593					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	358,487	361,293	0	236,706	239,726					



DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2008

NAIC	Group Code 0119	LIFE INSURANCE NAIC Company Code 705						
NAIC	Group Code 0119	1	2	3	NAIC Company C	5 5		
	DIRECT PREMIUMS	'	Credit Life (Group	3	4	3		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1.	Life insurance	17,101	· ·	'		17 , 101		
2.	Annuity considerations	2,011				2,011		
3.	Deposit-type contract funds		ХХХ		ХХХ	0		
4.	Other considerations					0		
5.	Totals (Sum of Lines 1 to 4)	19,112	0	0	0	19,112		
	DIRECT DIVIDENDS TO POLICYHOLDERS							
	Life insurance:							
	6.1 Paid in cash or left on deposit	45				45		
	6.2 Applied to pay renewal premiums	46				46		
	6.3 Applied to provide paid-up additions or shorten the							
	endowment or premium-paying period	528				528		
	6.4 Other					0		
	6.5 Totals (Sum of 6.1 to 6.4)	619	0	0	0	619		
	Annuities:							
	7.1 Paid in cash or left on deposit					0		
	7.2 Applied to provide paid-up annuities					0		
	7.3 Other					0		
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	619	0	0	0	619		
	DIRECT CLAIMS AND BENEFITS PAID							
9.	Death benefits	1,000				1,000		
10.	Matured endowments	1,500				1,500		
11.	Annuity benefits					0		
		2,391				2,391		
13.	Aggregate write-ins for miscellaneous direct claims and							
	benefits paid	367	0	0	0	367		
	All other benefits, except accident and health					0		
15.	Totals	5,259	0	0	0	5,259		
	DETAILS OF WRITE-INS							
1301.	Coupons paid	367				367		
1302.								
1398.	Summary of Line 13 from overflow page	0	0	0	0	0		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	367	0	0	0	367		

	0	rdinary	Credit Life (Group and Individual)		Group		le	dustrial	Total	
	1	,		10 maividuai) 4			7			
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,	140.	7 tillount	Or. Ocraio.	Autodit	Oci tiio.	Attiount	140.	Annount	140.	Amount
prior year	0	1 003	0	0	0	0	0	0	0	1.003
17. Incurred during current		,000								,000
year	1	2,577							1	2,577
Settled during current										
year: 18.1 By payment in full	1	2,500							1	2,500
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	1	2,500	0	0		0	0	0	1	2 500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements		2,500	0	0	0	0	0	0	1	2,500
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	1,080	0	0	0	0	0	0	0	1,080
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	. 00100					
prior year	59	2,182,008	0	0	0	0	0	0	59	2,182,008
21. Issued during year									0	0
22. Other changes to in force	740	(04,000)							741	(04, 000)
(Net)	(1)	(21,626)							(1)	(21,626)
of current year	58	2,160,382	0	(a) 0	0	0	0	0	58	2,160,382

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... current year \$ ... current year \$ .......

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIII III SU	JIMIUCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group Policies (b)	5,313,827	5,359,760		3,606,903	3,651,899
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)		135,070		65,208	66, 288
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	135,070	135,070	0	65,208	66,288
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	5.448.897	5.494.830	0	3.672.111	3.718.187

24.NV



DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2008

NAIC	Group Code 0119	LIFE INSURANCE NAIC Company Code 70580						
NAIC	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1.	Life insurance	28.305	′			28.305		
2.	Annuity considerations	8.544				8.544		
3.	Deposit-type contract funds		XXX		XXX	0		
	Other considerations					0		
	Totals (Sum of Lines 1 to 4)	36.849	0	0	0	36,849		
	DIRECT DIVIDENDS TO POLICYHOLDERS							
	Life insurance:	40				40		
	6.1 Paid in cash or left on deposit	40				40		
	6.2 Applied to pay renewal premiums	109				109		
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0		
	6.4 Other					0		
	6.5 Totals (Sum of 6.1 to 6.4)	149	0	0	0	149		
	Annuities:							
	7.1 Paid in cash or left on deposit					0		
	7.2 Applied to provide paid-up annuities					0		
	7.3 Other					0		
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	149	0	0	0	149		
	DIRECT CLAIMS AND BENEFITS PAID							
9.	Death benefits					0		
10.	Matured endowments					0		
11.	Annuity benefits					0		
12.	Surrender values and withdrawals for life contracts	52,785				52 , 785		
13.	Aggregate write-ins for miscellaneous direct claims and							
	benefits paid	0	0	0	0	0		
	All other benefits, except accident and health					0		
15.	Totals	52,785	0	0	0	52,785		
	DETAILS OF WRITE-INS							
1302.								
1303.								
	Summary of Line 13 from overflow page	0	0	0	0	0		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0		

	0	Ordinary		Credit Life (Group and Individual)		Group		dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS		-	No. of Ind. Pols. &	·	No. of	· ·	·	· ·	· ·	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current	0	912	0	0	0	0	0	0	0	912
year Settled during current		655							0	655
year: 18.1 By payment in full 18.2 By payment on									0	0
compromised claims . 18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0 0	0
compromise									0	0
18.5 Amount rejected									Ω	0
19. Unpaid Dec. 31, current	0	U	0	0	U	0	0	U		0
year (16+17-18.6)	0	1,567	0	0	0	0	0	0	0	1,567
POLICY EXHIBIT 20. In force December 31,				(2)	No. of Policies					
prior year	91	3,600,887	0	(a) 0	0	0	0	0	91 0	3,600,887
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	91	3,600,887	0	(a) 0	0	0	0	0	91	3,600,887

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ ....

ACCIDENT AND HEALTH INSURANCE										
	1	2	3 Dividends Paid Or	4	5					
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group Policies (b)										
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively Renewable Policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)										
25.2 Guaranteed renewable (b)	22	22		11	11					
25.4 Other accident only										
25.5 All other (b).										
25.5 All other (b)	22	22	0	11	11					
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	22	22	0	11	11					

TOTAIO (EIITOO E T E TT		_0.0)			•		
(b) For health business of	n indicated lines report:	Number of persor	ns insured under PPO	managed care product	S	and number of pers	sons insured under
Indemnity only products							



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2008

NAIC G	Group Code 0119	LIFE INSURANCE NAIC Company Code 70580						
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
	Life insurance					394,813		
2.	Annuity considerations	155,402				155,402		
	Deposit-type contract funds		ХХХ		XXX	0		
	Other considerations					0		
5.	Totals (Sum of Lines 1 to 4)	550,214	0	0	0	550,214		
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:							
	6.1 Paid in cash or left on deposit	775				775		
	6.2 Applied to pay renewal premiums	1.288				4 000		
	O O A self-stress of the self-stress transfer to the					,		
	endowment or premium-paying period	3,469				3,469		
	6.4 Other					0		
	6.5 Totals (Sum of 6.1 to 6.4)	5,531	0	0	0 l	5,531		
	Annuities:							
	7.1 Paid in cash or left on deposit	1,309				1,309		
	7.2 Applied to provide paid-up annuities					0		
	7.3 Other					0		
	7.4 Totals (Sum of Lines 7.1 to 7.3)	1,309	0	0	0	1,309		
8.	Grand Totals (Lines 6.5 plus 7.4)	6,840	0	0	0	6,840		
	DIRECT CLAIMS AND BENEFITS PAID	407.044				107.011		
	Death benefits					467 , 214		
10.	Matured endowments	07 440				U		
11.	Annuity benefits  Surrender values and withdrawals for life contracts	1.074.827						
	Aggregate write-ins for miscellaneous direct claims and	1,0/4,02/				1,074,027		
13.	benefits paid	5 873	0	0	0	5 873		
14	All other benefits, except accident and health							
	Totals	1.575.024	n	n	n	1.575.024		
	DETAILS OF WRITE-INS	.,0.0,021	Ů	Ů	•	.,0.0,021		
1301.	Coupons paid	5.873				5.873		
1302.		, , , ,				, , , ,		
	Summary of Line 13 from overflow page		0	0	0	0		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	5,873	0	0	0	5,873		

	Ordinary			edit Life Ind Individual)	Group		Industrial		Total	
	1 2		(	nd individual) 4			7			
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,	110.	7 tillourit	Or. Cortilo.	runount	ooralo.	7 tillouit	110.	7 11100110	110.	ranount
prior year	1	20 454	0	0	0	0	0	0	1	20,454
17. Incurred during current										
year	20	473 . 118							20	473 , 118
Settled during current		, , ,								,
year: 18.1 By payment in full 18.2 By payment on	21	467 ,214							21	467,214
compromised claims.									0	0
	21	467 , 214	0	0	0	0	0	0	21	467 , 214
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	21	467 , 214	0	0	0	0	0	0	21	467 , 214
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	26,358	0	0	0	0	0	0	0	26,358
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year			Ω	0	٥	0	0	0	1,364	55,573,082
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(133)	(4,041,566)							(133)	(4,041,566)
23. In force December 31	4 004	E4 E04 E40	_	(a)	^	_		_	4 004	E4 E04 E40
of current year	1,231	51,531,516	0	0	0	0	0	0	1,231	51,531,516

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ... current year \$ .....

### **ACCIDENT AND HEALTH INSURANCE**

ACCIDENT AND HEALTH INSURANCE									
	1	2	3 Dividends Paid Or	4	5				
		Direct Premiums	Credited On Direct		Direct Losses				
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred				
24. Group Policies (b)									
24. i rederai Employees nealth benefits riogram premium (b)	,								
24.2 Credit (Group and Individual)									
24.3 Collectively Renewable Policies (b)24.4 Medicare Title XVIII exempt from state taxes or fees									
24.4 Medicare Title XVIII exempt from state taxes or fees									
Other Individual Policies:									
25.1 Non-cancelable (b)									
25.2 Guaranteed renewable (b)									
25.2 Guaranteed renewable (b)	1,958	1,958		945	961				
25.4 Other accident only									
25.5 All other (b)									
25.5 All other (b)		1,958	0	945	961				
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 958	1 958	0	945	961				

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 1,958 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | 1,958 | and number of persons insured under



DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2008

NAIC	Group Code 0119	LIFE	INSURANC	F	NAIC COMPANY	0-4- 70500	
NAIC G	Group Code 0119	1	1 2		NAIC Company	5	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	
1.	Life insurance		<i>'</i>	'		4,504	
2.	Annuity considerations	1,014				1,014	
3.	Deposit-type contract funds	· · · · · · · · · · · · · · · · · · ·	XXX		XXX	0	
	Other considerations					0	
	Totals (Sum of Lines 1 to 4)	5,517	0	0	0	5,517	
	DIRECT DIVIDENDS TO POLICYHOLDERS	,				*	
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the					•	
	endowment or premium-paying period					0	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID	-	•	·			
9	Death benefits					0	
10	Matured endowments					0	
	Annuity benefits					0	
12	Surrender values and withdrawals for life contracts	2 510				2 510	
	Aggregate write-ing for miscellaneous direct claims and						
10.	benefits paid	14	0	0	0	14	
14	All other benefits, except accident and health					0	
	Totals	2,524	0	0	0	2,524	
	DETAILS OF WRITE-INS	_,02:			Ů	_,02.	
1301	Coupons paid	14				14	
1302	осироно рата						
1398	Summary of Line 13 from overflow page	n	n	n T	Λ	n	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	14	n I	n I		14	

	Ordinary		Credit Life (Group and Individual) Group		Group	Industrial		Total		
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
	INO.	Amount	Gr. Certiis.	Amount	Ceruis.	Amount	INO.	Amount	INO.	Amount
16. Unpaid December 31,	0	170	0	0	0	0	0	0	0	170
prior year17. Incurred during current	0	170		0	U	0		0		170
year		100							0	100
Settled during current		100								
year: 18.1 By payment in full									0	(
18.2 By payment on									0	,
compromised claims . 18.3 Totals paid	0	0	0	0	0	0	0	0	 N	(
18.4 Reduction by compromise									0	(
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	(
19. Unpaid Dec. 31, current year (16+17-18.6)	0	278	0	0	0	0	0	0	0	278
year (10+17-10.0)	U	210	U	U	No. of	U	U	U	0	270
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	(4)	(956,025)	٥	0	0	0	0	0	(4)	(956,025
21. Issued during year									0	(
22. Other changes to in force										
(Net)	4	956,025							4	956 , 025
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	(

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ ....

### ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE										
	1	2	3	4	5					
			Dividends Paid Or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group Policies (b)		863,705		581,239	588,490					
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively Renewable Policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)										
25.1 Non-cancelable (b)	1,893	1,893		914	929					
25.4 Other accident only										
25.5 All other (b).										
25.5 All other (b)	1,893	1,893	0	914	929					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	858 . 197	865,598	0	582.153	589.419					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_\_1,921 and number of persons insured under lindemnity only products \_\_\_\_\_\_\_485



DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2008

NAIC	0.440	LIFE	INSURANC	F	DOMINO THE TE	
NAIC (	Group Code 0119		2	3	NAIC Company C	ode 70580 5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	25,612				25,612
2.	Annuity considerations	9,454				9,454
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	35,066	0	0	0	35,066
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	329				329
	6.5 Totals (Sum of 6.1 to 6.4)  Annuities: 7.1 Paid in cash or left on deposit	329	0	0	0	329
Q	7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)			0	0	0 0 0 329
0.	DIRECT CLAIMS AND BENEFITS PAID	020	U	U	0	020
10.	Death benefits  Matured endowments					7,031
11.	Annuity benefits	1,041				1,041
12.	Surrender values and withdrawals for life contracts	69,841				69 , 841
	Aggregate write-ins for miscellaneous direct claims and benefits paid	5	0	0	0	5
	All other benefits, except accident and health					
15.	Totals	77,917	0	0	0	77,917
1302.	DETAILS OF WRITE-INS Coupons paid					5
1398.	Summary of Line 13 from overflow page	<u>0</u>	0	0	0	<u>0</u>
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	5	0	0	0	5

	0	Ordinary		Credit Life (Group and Individual)		Group		dustrial	Total	
	1	rdinary 2	, ,	nd individual) 4	5	Froup 6	7	austriai 8	9	10tai 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	Amount	No.	8 Amount	y No.	Amount
16. Unpaid December 31,	1141									
prior year	0	650	0	0	0	0	0	0	0	650
<ol><li>17. Incurred during current</li></ol>										
year	0	8,115							0	8,115
Settled during current										
year: 18.1 By payment in full	0	7,031							0	7,031
18.2 By payment on compromised claims.									0	0
	0	7 ,031	0	0	0	0	0	0	0	/,031
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	7,031	0	0	0	0	0	0	0	7,031
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1,734	0	0	0	0	0	0	0	1,734
, ,					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year			Ω	0	0	0	0	0	128	3,438,615
21. Issued during year		• • • • • • • • • • • • • • • • • • • •						• • • • • • • • • • • • • • • • • • • •	0	0
22. Other changes to in force (Net)	(2)	(60, 821)							(2)	(60.821)
23. In force December 31	(2)	(00,021)		(a)					(2)	(00,021)
of current year	126	3,377,794	0	0	0	0	0	0	126	3,377,794

current year \$ current year \$ prior year \$ current year \$ (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ...

## ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.1 Non-cancelable (b)	1,828	1,828		883	897						
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)	1,828	1,828	0	883	897						
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1.828	1.828	0	883	897						

		=0.0)	.,	.,		***	
(b) For health business	on indicated lines rep	oort: Number of persor	ns insured under PPO	managed care product	S	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2008

	Horar Caronna				DOI WHO THE TE	====
NAIC (	Group Code 0119	LIFE	INSURANCI	E	NAIC Company C	ode 70580
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	189,929				189,929
2.	Annuity considerations	32.944				32,944
3.	Deposit-type contract funds		XXX		ХХХ	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	222,873	0	0	0	222,873
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	1,418				1,418
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	1,418	0	0	0	1,418
	Annuities:					
	7.1 Paid in cash or left on deposit					(
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	1,418	0	0	0	1,418
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	51,524				51,524
10.	Matured endowments					
11.	Annuity benefits	11,727				11,727
12.	Surrender values and withdrawals for life contracts	208,702				
	Aggregate write ine for miscellaneous direct claims and					
	benefits paid	40	0	0	0	40
14.	All other benefits, except accident and health					0
15.	Totals	271,993	0	0	0	271,993
	DETAILS OF WRITE-INS					
1301.	Coupons paid	40				40
1302.						
1303.						
1398.	Summary of Line 13 from overflow page			0	0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	40	0	0	0	40

	Ordinary			edit Life nd Individual)	(	Group	Inc	dustrial		Total
	1	2	3	/ /	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS		2	No. of Ind. Pols. &	7	No. of	O	,	O		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	5,910	0	0	Ω	0	0	0	٥	5,910
17. Incurred during current										
year	2	55,989							2	55 , 989
Settled during current										
year:									_	
18.1 By payment in full	2	51,524							2	51,524
18.2 By payment on										0
compromised claims . 18.3 Totals paid									0	0
	∠	51,524	0	0	U	0	0	0		51,524
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	51,524	0	0	0	0	0	0	2	51,524
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	10,375	0	0	0	0	0	0	0	10,375
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year						0	0	0	367	13,616,210
21. Issued during year									0	0
22. Other changes to in force	,	///-								///= ====
(Net)	(15)	(445,702)							(15)	(445,702)
23. In force December 31	250	40 470 500	0	(a)	0	0	0		252	40 470 500
of current year	352	13,170,508	0	0	0	0	0	0	352	13,170,508

#### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

ACCIDEI	NI AND DE	ALI II III JU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	3,710,236	3,742,307		2,518,422	2,549,839
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	317 , 148	317 , 148		153,110	155,647
25.4 Other accident only					
25.4 Other accident only					
25.6 Totals (Sum of Lines 25.1 to 25.5)	317 , 148	317 , 148	0	153,110	155,647
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,027,384	4,059,455	0	2,671,532	2,705,486

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,281 and number of persons insured under Indemnity only products 6,653



DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2008

NAIO	0110	LIFE	INSURANC	F	NAIO O	70590
NAIC C	Group Code 0119	1	2	3	NAIC Company (	5 5
	DIRECT PREMIUMS	Ondinon	Credit Life (Group		In december of	Tatal
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
		439				439
	Annuity considerations		XXX		XXX	
						U
	Other considerations	400				U
5.	Totals (Sum of Lines 1 to 4)	439	U	U	U	439
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					^
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0		L
	Annuities:					_
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	O	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	2	No. of Ind. Pols. &	7	No. of	O	,	O	3	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	52	0	0	Ω	0	0	0	0	52
17. Incurred during current										
year		155							0	155
Settled during current										
year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid	Λ	0	Λ	Λ	Λ	Λ	Λ	Λ	 N	0 N
18.4 Reduction by						0				
compromise									0	0
18.5 Amount rejected									Ω	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	208	0	0	0	0	0	0	0	208
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	40	400 000		(a)						400 000
prior year	10	128,000	۵	0	0	0	0	0	10	128,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	10	128,000	0	0	0	0	0	0	10	128,000

#### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

ACCIDEN	NI AND DE	ALITINOU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	958,688	966,975		650,735	658 , 853
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.3 Collectively Renewable Policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	958,688	966,975	0	650,735	658,853

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_\_44 and number of persons insured under Indemnity only products \_\_\_\_\_\_\_1,604



DIRECT BUSINESS IN THE STATE OF Northern Mariana Island

DURING THE YEAR 2008

NAIC (	Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
	Annuity considerations					0
3.	Deposit-type contract funds		ХХХ		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	6.3 Applied to provide paid-up additions or shorten the					0
	endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities	0	0		0	0
8.	7.3 Other		0	0	0	0 0 0
10. 11. 12.	DIRECT CLAIMS AND BENEFITS PAID  Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid		0	n	0	0 0 0 0
14.	All other benefits, except accident and health					0
	Totals	0	0	0	0	0
1301. 1302. 1303.	DETAILS OF WRITE-INS  Summary of Line 13 from overflow page	0	0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0
1000.	Totalo (Elito 1001 tilla 1000 pias 1000) (Elito 10 above)	0	<u> </u>	Ů,	v	

	0	rdinarv	Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	Δ	5	6 6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year: 18.1 By payment in full									0	0
18.2 By payment on										
compromised claims .					Λ	Λ			0	0
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	0
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
BOLIOV EVIUDIT					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	0	0	0	(a)	0	0	0	0	0	0
prior year		0	D	0		0	0	0		0
21. Issued during year									0	0
(Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ .....

## **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24. I Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b). 25.6 Totals (Sum of Lines 25.1 to 25.5).	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

101010 (211100 21 211							
(b) For health business o	n indicated lines	s report: Number of per	sons insured under PPO	managed care product	S	and number of pers	sons insured under
Indemnity only products							



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2008

NAIC G	Group Code 0119	LIFE INSURANCE NAIC Company Code 70580						
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1.	Life insurance	970,708				970,708		
2.	Annuity considerations	305,457				305 , 457		
	Deposit-type contract funds		XXX		ХХХ	0		
	Other considerations	4 070 400				0		
5.	Totals (Sum of Lines 1 to 4)	1,276,166	0	0	0	1,276,166		
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:							
	6.1 Paid in cash or left on deposit	411				411		
	6.2 Applied to pay renewal premiums					98		
	O O A - P - I to a I to a - I to a - I to B I to B I to B I to B							
	endowment or premium-paying period	4,569				4,569		
	6.4 Other					0		
	6.5 Totals (Sum of 6.1 to 6.4)	5,077	0	0	0	5,077		
	Annuities:							
	7.1 Paid in cash or left on deposit					0		
	7.2 Applied to provide paid-up annuities					0		
	7.3 Other					0		
_	7.4 Totals (Sum of Lines 7.1 to 7.3)	5,077	J		U	 5.077		
8.	Grand Totals (Lines 6.5 plus 7.4)	3,077	U	U	U	3,077		
_	DIRECT CLAIMS AND BENEFITS PAID Death benefits	246 025				246 025		
	Matured endowments					340,033		
10.	Annuity benefits	13 100				43.499		
	Surrender values and withdrawals for life contracts	2,295,103				2.295.103		
	Aggregate write-ins for miscellaneous direct claims and							
10.	benefits paid	1 812	0	0	0	1 812		
14.	All other benefits, except accident and health	,012				0		
	Totals	2,687,249	0	0	0	2,687,249		
	DETAILS OF WRITE-INS	, , ,				, , ,		
1301.	Coupons paid	1,812				1,812		
1302.								
1398.	Summary of Line 13 from overflow page	0	0	0	0	0		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1,812	0	0	0	1,812		

	0	rdinarv		edit Life	,	Oracio.	le	dustrial		Total
	1	rainary 2		nd Individual)  4		Group	7			10tai 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	No.	8 Amount	9 No.	Amount
16. Unpaid December 31,	INO.	Amount	Gr. Certiis.	Amount	Certiis.	Amount	INO.	Amount	INO.	Amount
prior year	1	152 , 137	0	0	0	0	0	0	1	152,137
17. Incurred during current year	14	258,880							14	258,880
Settled during current year: 18.1 By payment in full 18.2 By payment on									15	346,835
	15	346,835	0	0	0	0	0	0	0 15	0 346,835
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	346,835	0	0	0	0	0	0	15	346,835
19. Unpaid Dec. 31, current year (16+17-18.6)	(1)	64,182	0	0	0	0	0	0	(1)	64,182
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,527	118 , 367 , 453	0	(a) 0	0	0	0	0	2,527	118,367,453
21. Issued during year									0	0
22. Other changes to in force (Net)	(99)	(3,000,247)							(99)	(3,000,247)
23. In force December 31	2,428	115,367,206	0	(a)	0	0	0	0	2,428	115,367,206
of current year	2,420	110,307,200	U	U	U	U	U	U	2,420	110,307,200

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ... current year \$ .....

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	16,321,738	16,462,821		11,078,818	11 , 217 , 024
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	300,473	300,473		145,060	147 , 464
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	300,473	300 , 473	0	145,060	147 , 464
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,622,211	16,763,294	0	11,223,878	11,364,488

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_\_57,596 and number of persons insured under Indemnity only products \_\_\_\_\_\_25



DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2008

NAIC	Group Code 0119	LIFE INSURANCE NAIC Company Code							
NAIC (	Sioup Gode 0118	1	2	3	4	5			
	DIRECT PREMIUMS		Credit Life (Group						
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	4,345				4,345			
2.	Annuity considerations	2,093				2,093			
3.	Deposit-type contract funds		XXX		XXX	0			
4.	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	6,438	0	0	0	6,438			
	DIRECT DIVIDENDS TO POLICYHOLDERS								
	Life insurance:								
	6.1 Paid in cash or left on deposit					0			
	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the								
	endowment or premium-paying period	790				790			
	6.4 Other					0			
	6.5 Totals (Sum of 6.1 to 6.4)	790	0	0	0	790			
	Annuities:								
	7.1 Paid in cash or left on deposit					0			
	7.2 Applied to provide paid-up annuities					0			
	7.3 Other					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0			
8.	Grand Totals (Lines 6.5 plus 7.4)	790	0	0	0	790			
	DIRECT CLAIMS AND BENEFITS PAID								
9.	Death benefits	50,000				50,000			
10.	Matured endowments					0			
11.	Annuity benefits	2,531				2,531			
12.	Surrender values and withdrawals for life contracts	2,960				2,960			
13.	Aggregate write-ins for miscellaneous direct claims and								
	benefits paid	0	0	0	0	0			
	All other benefits, except accident and health					0			
15.	Totals	55,491	0	0	0	55,491			
	DETAILS OF WRITE-INS								
1303.									
1398.	Summary of Line 13 from overflow page	0	0	0	0	0			
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0			

	0	rdinarv		edit Life	,	Oracio.	le	dustrial		Total
	1	2	, ,	nd Individual)  4	5	Group 6	7	8	9	10tai 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	Amount	No.	8 Amount	y No.	Amount
16. Unpaid December 31,	110.	7 1110 0110	0 00	7 1110 0110	00.1	7 1110 0110	110.	7 1110 0110		7 11110 1111
prior year	0	144	0	0	0	0	0	0	0	144
17. Incurred during current										
year	2	50 , 159							2	50 , 159
Settled during current		,								,
year: 18.1 By payment in full	2	50,000							2	50,000
18.2 By payment on compromised claims .									0	0
	2	50,000	0	0	0	0	0	0	2	50,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	50,000	0	0	0	0	0	0	2	50 , 000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	303	0	0	0	0	0	0	0	303
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	_					
prior year	21	190 , 430	0	0	0	0	0	0	21	190,430
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	21	190,430	0	0	0	0	0	0	21	190,430

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... current year \$ ...... current year \$ ......

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIH INSU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)		2,238,206		1,506,223	1,525,013
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)		50,649		24 , 452	24 ,857
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		50,649	0	24,452	24,857
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,269,674	2.288.855	0	1.530.675	1.549.870



DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2008

NAICC	Group Code 0119	LIFE INSURANCE NAIC Company Code 70580							
NAIC G	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	8,554	<u> </u>			8,554			
2.	Annuity considerations	517				517			
3.	Deposit-type contract funds		XXX		ХХХ	0			
4.	Other considerations					0			
	Totals (Sum of Lines 1 to 4)	9,071	0	0	0	9,071			
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0			
	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0			
	6.4 Other 6.5 Totals (Sum of 6.1 to 6.4) Annuities:	0	0	0	0	0			
	7.1 Paid in cash or left on deposit					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0			
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0			
10.	DIRECT CLAIMS AND BENEFITS PAID  Death benefits					5,000			
	Annuity benefits					0			
	Surrender values and withdrawals for life contracts	866				866			
	Aggregate write-ins for miscellaneous direct claims and benefits paid	122	0	0	0	122			
	All other benefits, except accident and health								
15.	Totals	5,988	0	0	0	5,988			
1302.	DETAILS OF WRITE-INS Coupons paid					122			
1303. 1398.	Summary of Line 13 from overflow page	0	0	0	0	0			
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	122	0	0	0	122			

	Qı	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	-	_	No. of	•	_			-	_	
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	319	0	0	0	0	0	0	0	319
17. Incurred during current										
year	0	5,266							0	5,266
Settled during current										
year:										
18.1 By payment in full	0	5,000							0	5,000
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	5,000	0	0	0	0	0	0	0	5,000
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	5,000	0	0	0	0	0	0	0	5,000
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	586	0	0	0	0	0	0	0	586
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	37	653,714	0	0	0	0	0	0	37	653,714
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(1)	(43,252)							(1)	(43,252)
23. In force December 31				(a)						
of current year	36	610,462	0	0	0	0	0	0	36	610,462

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIII INSU	JRANCE		
	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)	861	861		416	422
25.4 Other accident only					
25.5 All other (b).					
25.5 All other (b)	861	861	0	416	422
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	861	861	0	416	422

..... and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2008

NAIC G	Group Code 0119	LIFE INSURANCE NAIC Company Code 70580							
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	370,863	· · · · · · · · · · · · · · · · · · ·	'		370.863			
2.	Annuity considerations	241,561				241,561			
3.	Deposit-type contract funds	· · · · · · · · · · · · · · · · · · ·	XXX		XXX	0			
	Other considerations					0			
	Totals (Sum of Lines 1 to 4)	612,424	0	0	0	612,424			
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:	·							
	6.1 Paid in cash or left on deposit	266				266			
	6.2 Applied to pay renewal premiums	1,593							
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	632				632			
	6.4 Other	2 /01	Λ		Λ	0 2 <i>1</i> 01			
	Annuities: 7.1 Paid in cash or left on deposit				0	491			
	7.2 Applied to provide paid-up annuities					0			
	7.3 Other					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0			
8.	Grand Totals (Lines 6.5 plus 7.4)	2,491	0	0	0	2,491			
	DIRECT CLAIMS AND BENEFITS PAID	,							
9.	Death benefits	126.010				126.010			
10.	Matured endowments					C			
11.	Annuity benefits	42,152				42,152			
12.	Surrender values and withdrawals for life contracts	633,138							
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	2,035	0	0	0	2,035			
	All other benefits, except accident and health								
15.	Totals	803,335	0	0	0	803,335			
1301.	DETAILS OF WRITE-INS Coupons paid	2,035				2,035			
1302.									
1303.	O	Λ	^		^				
	Summary of Line 13 from overflow page	2.035	0	U		2,035			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	۷,000	U	U	Ü	2,030			

	0	adia a a .		edit Life		2	l	4		Tatal
	1	rdinary		nd Individual)		Group	7	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	/ No.	8	9 No.	10 Amount
16. Unpaid December 31,	NO.	Amount	Gr. Certiis.	Amount	Ceruis.	Amount	INO.	Amount	NO.	Amount
prior year	1	94,016	0	0	0	0	0	0	1	94,016
17. Incurred during current year  Settled during current	5	57 , 104							5	57 , 104
year: 18.1 By payment in full 18.2 By payment on	6	126,010							6	126,010
compromised claims . 18.3 Totals paid 18.4 Reduction by	6	126,010	0	0	0	0	0	0	0 6	0
compromise									0	0
18.5 Amount rejected 18.6 Total settlements	6	126,010	0	0	0	0	0	0	6	126,010
19. Unpaid Dec. 31, current year (16+17-18.6)	0	25,110	0	0	0	0	0	0	0	25,110
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			0	(a) 0	0	0	0	0	1,257	49,548,043
21. Issued during year									(36)	(1,090,031)
23. In force December 31 of current year	1,221	48,458,012	0	(a) 0	0	0	0	0	1,221	48,458,012

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... current year \$ ... current year \$ .......

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	2,190,092	2,209,023		1,486,584	1,505,129
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Reflewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b)	2,044	2,044		987	1,003
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	2,044	2,044	0	987	1,003
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,192,136	2,211,067	0	1,487,571	1,506,132



DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2008

NAIC (	Group Code 0119	LIFE	<b>INSURANC</b>	E	NAIC Company (	ode 70580
147410	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance		<i>'</i>	'		
2.						0
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	. Totals (Sum of Lines 1 to 4)	184	0	0	0	184
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.5 Totals (Sum of 6.1 to 6.4)  Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities			0	0	0 
	7.3 Other					
g	7.4 Totals (Sum of Lines 7.1 to 7.3)	 0				٠
- 0.	DIRECT CLAIMS AND BENEFITS PAID	0	U	0	0	
10. 11.	Death benefits Matured endowments Annuity benefits					) (
	Surrender values and withdrawals for life contracts     Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0		
14.	All other benefits, except accident and health					
	. Totals	187	0	0	0	187
1301 1302	DETAILS OF WRITE-INS					
1398	Summary of Line 13 from overflow page	0	0	0	0	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	O	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols. &	·	No. of	· ·	·	· ·		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	٥	0	0	0	0	0	0	0
17. Incurred during current										
year		0							0	0
Settled during current										
year:									_	
18.1 By payment in full									0	0
18.2 By payment on									0	0
compromised claims.		0			Λ	۸			D	0
18.3 Totals paid	0	0	0	0		0		0		0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	Ω	0	0	0	0	0	D	0
21. Issued during year									D	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

#### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... current year \$ ....

## **ACCIDENT AND HEALTH INSURANCE**

ACCIDE	NI AND IL	ALIII III 30	JIVANCE		
	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b).					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0

-: 10taio (Eii100 E 1 E 11	<u> </u>		/		•		· ·	•	<u> </u>
(b) For health business of	n indicate	ed lines r	report: Numl	per of persor	ns insured under PPO	managed care products		and number of pers	sons insured under
Indemnity only products									



DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2008

	0.1.040	LIFE	INSURANC	F	DOMINO THE TE	
NAIC G	Group Code 0119	1	2	3	NAIC Company (	Sode 70580 5
	DIRECT PREMIUMS	'	Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	7,686				7,686
2.	Annuity considerations	2,990				2,990
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
	Totals (Sum of Lines 1 to 4)	10,676	0	0	0	10,676
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	3,991				3,991
12.	Surrender values and withdrawals for life contracts	13,061				40 004
13.	Aggregate write-ine for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	17,052	0	0	0	17,052
	DETAILS OF WRITE-INS					
1301.						
1302.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	O	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols.	·	No. of	· ·	·	· ·	· ·	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	0	150	0	0	0	0	0	0	0	150
year		110							0	110
Settled during current										
year: 18.1 By payment in full									0	0
18.2 By payment on										
compromised claims . 18.3 Totals paid		0	Λ	Λ		Λ	Λ		0	0
18.4 Reduction by	0	0		0		0	0	0	0	0
compromise									0	0
18.5 Amount rejected									Ω	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	260	0	0	0	0	0	0	0	260
Joan (10+11-10:0)		200	0	0	No. of	0				200
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	27	459 , 173	Ω	0	0	0	0	0	27	459 , 173
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31			^	(a)	^		_	^	07	450, 470
of current year	27	459,173	0	0	0	0	0	0	27	459,173

# (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ... current year \$ current year \$ current year \$ current year \$

## **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Divide ada Daid Oa	4	5
		Direct Premiums	Dividends Paid Or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

-: 10taio (Eii100 E : E ii	<u> </u>		20.0)		•	•		
(b) For health business of	on indicated	lines report	: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products								



DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2008

NAIC G	Group Code 0119	LIFE	<b>INSURANC</b>	E	NAIC Company C	ode 70580
IVAIC		1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance	49 793	,			49.793
2	Annuity considerations	19 376				19,376
3	Deposit-type contract funds		WWW		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	69,169	0	0	0	69.169
	DIRECT DIVIDENDS TO POLICYHOLDERS		·	-	-	
	Life insurance:					
	6.1 Paid in cash or left on deposit	143				143
						0.
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	147				147
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	289	0	0	0	289
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8	Grand Totals (Lines 6.5 plus 7.4)	289	0	0	0	289
<u> </u>	DIRECT CLAIMS AND BENEFITS PAID	200				200
a	Death benefits	235 736				235 736
	Matured endowments					0,700
	Annuity benefits					0
	Surrender values and withdrawals for life contracts	306.811				306.811
	Aggregate write-ins for miscellaneous direct claims and					
10.	benefits paid	0	0	0	0	0
14	All other benefits, except accident and health					0
	Totals	542.548	0	0	0	542,548
	DETAILS OF WRITE-INS	2:=,0:0		Ů	Ť	2:=,010
1301	DETAILS OF WINTE-ING					
		•				
		• • • • • • • • • • • • • • • • • • • •				
1398	Summary of Line 13 from overflow page	n	0	n	n	n
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0
1000.	Totalo (Elitos 1001 tilla 1000 pias 1000) (Elito 10 above)	· ·	V	Ů,	<u> </u>	

	0	rdinarv		edit Life and Individual)	,	Group	In	dustrial		Total
	1	2	3	4	5	6 6	7	8	9	10(a)
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	7 11100110	Or. Cortilo.	7 tillouit	Cortilo.	7 tillouit	110.	7 11100110	110.	7 111100111
prior year	0	1 488	0	0	0	0	0	0	0	1.488
17. Incurred during current		, 100								, 100
year	10	236,833							10	236,833
Settled during current		,								ŕ
year: 18.1 By payment in full	10	235,736							10	235 , 736
18.2 By payment on compromised claims.									0	0
	10	235 , 736	0	0	0	0	0	0	10	235 , 736
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	235 , 736	0	0	0	0	0	0	10	235 , 736
19. Unpaid Dec. 31, current	0	2.585	0	0	0	0	0	0	0	2 505
year (16+17-18.6)	U	2,000	U	U	No. of	U	U	U	U	2,585
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	232	5,680,448	0	0	٥	0	0	0	232	5,680,448
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(67)	(2,039,204)							(67)	(2,039,204)
23. In force December 31				(a)						
of current year	165	3,641,244	0	0	0	0	0	0	165	3,641,244

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ... current year \$ ... current year \$ ......

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	249,142	251,296		169,112	171,222
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)	169,274	169,274		81,721	83 , 075
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	169,274	169,274	0	81,721	83,075
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	418,416	420,570	0	250,833	254,297

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_665 and number of persons insured under Indemnity only products \_\_\_\_\_\_622



DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2008

NAIC G	roup Code 0119					70500	
I	· · · · · · · · · · · · · · · · · · ·	<u> </u>	INSURANC		NAIC Company Code 70580		
1	DIDECT DDEMILIMO	1	2	3	4	5	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	
1	Life insurance	6 255		'		6.255	
2	Annuity considerations	295				295	
3	Deposit-type contract funds	200	XXX		XXX	230	
	Other considerations					0	
	Totals (Sum of Lines 1 to 4)	6.550	0	0	0	6.550	
	DIRECT DIVIDENDS TO POLICYHOLDERS		-		-		
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	179				179	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)	179	0	0	Q	179	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	179	0	0	0	179	
	DIRECT CLAIMS AND BENEFITS PAID						
	Death benefits						
	Matured endowments					0	
11.	Annuity benefits	0.007					
12.	Surrender values and withdrawals for life contracts						
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	
14	All other benefits, except accident and health					U	
	Totals	6.607	0	0	Λ	6.607	
	DETAILS OF WRITE-INS	0,007	U	U	U	0,007	
	DETAILS OF WRITE-INS						
1398	Summary of Line 13 from overflow page	n	n	n	n	n	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0			0	 0	

	Oı	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols. &	·	No. of	· ·	·	· ·	· ·	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year 17. Incurred during current	0	193	0	0	0	0	0	0	0	193
year		151							۵	151
Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims .		0						0	0	0
18.3 Totals paid 18.4 Reduction by compromise			0	0		0	0	0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	344	0	0	0	0	0	0	0	344
, )	Ü	011		Ů	No. of	0	0			011
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	24	91,930	Ω	0	۵	0	0	0	24	91,930
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	24	91.930	0	(a)	0	0	0	0	24	91,930

#### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

## ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)	247,048	249, 184		167,691	169,783						
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)	471	471		227	231						
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)	471	471	0	227	231						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	247,519	249,655	0	167,918	170,014						



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2008

NAIO	0.140	LIFE	INSURANC	F		70500	
NAIC (	Group Code 0119	1	2 1	3	NAIC Company C	5 Sode 70580	
	DIRECT PREMIUMS	'	Credit Life (Group	3	7	3	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	63,247	,			63,247	
2.	Annuity considerations	25,385				25,385	
3.	Deposit-type contract funds		XXX		XXX	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	88,632	0	0	0	88,632	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period					352	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)	352	0 <u> </u>	0	0	352	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
_	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	352	0	0	0	352	
	DIRECT CLAIMS AND BENEFITS PAID	75 000				75 000	
9.	Death benefits	/5,000					
	Matured endowments					5,000	
11.	Annuity benefits	007.004					
12.	Surrender values and withdrawals for life contracts	207,664				207,664	
13.	Aggregate write-ins for miscellaneous direct claims and	E	0	0	0	E	
14	benefits paid		U			G	
	All other benefits, except accident and health	287.669	0	0	0	287,669	
15.	DETAILS OF WRITE-INS	201,009	U	U	U	201,009	
1201	Coupons paid	5				E	
	• •						
1303.	Summary of Line 13 from overflow page	Λ	n	n	Λ		
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	5	n	n		5	
1399.	Totals (Lines 1301 tillu 1303 plus 1396) (Line 13 above)	J	U	U	U	J	

	0	rdinary		edit Life ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	2	No. of Ind. Pols. &	7	No. of	0	,	0	3	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	2,213	0	0	0	0	0	0	0	2,213
17. Incurred during current year  Settled during current	6	81,666							6	81,666
year: 18.1 By payment in full	6	80,000							6	80,000
18.2 By payment on compromised claims . 18.3 Totals paid		90.000		0					0	0
18.4 Reduction by compromise						0	0	0	0	
18.5 Amount rejected									0	0
18.6 Total settlements	6	80 , 000	0	0	0	0	0	0	6	80,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	3.879	0	0	0	0	0	0	0	3.879
year (10+17-16.0)	U	3,019	U	U	No. of	U	U	U	U	3,019
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year				0	0	0	0	0	162	
21. Issued during year									0	0
22. Other changes to in force (Net)	(23)	(692 028)							(23)	(692 028)
23. In force December 31	(20)	(002,020)		(a)				•	(20)	(002,020)
of current year	139	3,765,070	0	0	0	0	0	0	139	3,765,070

#### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	4,546,330	4,585,628		3,085,943	3,124,440
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)				• • • • • • • • • • • • • • • • • • • •	
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	929,832	929,832		448 , 897	456 , 335
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	929,832	929,832	0	448 , 897	456, 335
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,476,162	5,515,460	0	3,534,840	3,580,775



DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2008

	Toxag				DOI WHO THE TE	,	
NAIC (	Group Code 0119	LIFE	NAIC Company C	Company Code 70580			
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	111.693	· · · · · · · · · · · · · · · · · · ·	'		111.693	
2.	Annuity considerations	99.874				99,874	
3.	Deposit-type contract funds		XXX		XXX	0	
	Other considerations					0	
	Totals (Sum of Lines 1 to 4)	211,566	0	0	0	211,566	
	DIRECT DIVIDENDS TO POLICYHOLDERS	·					
	Life insurance:						
	6.1 Paid in cash or left on deposit	76				76	
	6.2 Applied to pay renewal premiums	487				487	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	589				589	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)	1 , 152	0	0	0	1,152	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	1,152	0	0	0	1,152	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	96,084				96,084	
10.	Matured endowments	2.000				2,000	
11.	Annuity benefits	3,371				3,371	
12.	Surrender values and withdrawals for life contracts	208,561				208,561	
13.	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	16	0	0	0	16	
	All other benefits, except accident and health					0	
15.	Totals	310,032	0	0	0	310,032	
	DETAILS OF WRITE-INS						
1301.	Coupons paid	16				16	
1302.							
1303.							
	Summary of Line 13 from overflow page	0	0	0	0	0	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	16	0	0	0	16	

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of			-			_	-
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	2,966	0	0	0	0	0	0	0	2,966
17. Incurred during current										
year	5	100,423							5	100,423
Settled during current										
year:										
18.1 By payment in full	5	98,084							5	98 , 084
18.2 By payment on										
compromised claims.									0	0
	5	98,084	0	0	0	0	0	0	5	98,084
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	98,084	0	0	0	0	0	0	5	98,084
19. Unpaid Dec. 31, current					_		_			
year (16+17-18.6)	0	5,305	0	0	0	0	0	0	0	5,305
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	764	10,890,389	0	0	0	0	0	0	764	10,890,389
21. Issued during year									0	0
22. Other changes to in force	(00)	(0.40, 400)							(00)	(0.40, 400)
(Net)	(28)	(848,462)							(28)	(848, 462)
23. In force December 31	700	40 044 007		(a)				0	700	40 044 007
of current year	736	10,041,927	0	0	0	0	0	0	736	10,041,927

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

## ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE												
	1	2	3	4	5							
			Dividends Paid Or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group Policies (b)	45,790,726	46, 186, 536		31,081,684	31,469,423							
24.1 Federal Employees Health Benefits Program premium (b)												
24.2 Credit (Group and Individual)												
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)	2,763,842	2,763,842		1,334,306	1,356,415							
25.4 Other accident only												
25.5 All other (b)												
25.5 All other (b)	2,763,842	2,763,842	0	1,334,306	1,356,415							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	48.554.568	48.950.378	0	32.415.990								



DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2008

NAIC (	Group Code 0119	LIFE	<b>INSURANC</b>	E	NAIC Company Code 70580		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
	Life insurance					(	
	Deposit-type contract funds		XXX		XXX	(	
	Other considerations						
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	(	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
	6.4 Other						
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0		
	Annuities: 7.1 Paid in cash or left on deposit						
	7.3 Other						
•	7.4 Totals (Sum of Lines 7.1 to 7.3)	U	U	J			
0.	Grand Totals (Lines 6.5 plus 7.4)	0	U	U	U		
•	DIRECT CLAIMS AND BENEFITS PAID						
	Death benefits						
	Matured endowments						
	Annuity benefits						
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	Λ	n	n	n		
14	All other benefits, except accident and health	U		u			
	Totals	Λ	n	n	n 1		
13.	DETAILS OF WRITE-INS	U	U	U	U		
1201	DETAILS OF WRITE-INS						
1302.							
1303.		Λ	Λ	·····	·····		
	Summary of Line 13 from overflow page	 n	0	0			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	U		

	O	Ordinary		edit Life ind Individual)	(	Group		dustrial	Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS		_	No. of Ind. Pols. &	'	No. of	Ç		-		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims . 18.3 Totals paid 18.4 Reduction by			0	0	0	0	0	0	0	0
compromise									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(0)	No. of Policies					
prior year21. Issued during year	0	0	0	(a)0	0	0	0	0	0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

## (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

#### **ACCIDENT AND HEALTH INSURANCE**

current year \$ .....

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24. I Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Reflewable Folicies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
23.3 Non-Terrewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

	-		· ·		<u> </u>
(b) For health business on indicated lines report: Number of	of persons insured under PPO I	managed care product	S	and number of pers	sons insured under
Indemnity only products					



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2008

NAIC Gr			INSURANC	<b>—</b>		70500	
	roup Code 0119		INSUITAINE		NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1	Life insurance	16 195	′			16.195	
2	Annuity considerations	4 225					
			MAN		XXX	0	
	Other considerations					0	
	Totals (Sum of Lines 1 to 4)	20,420	0	0	0	20,420	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit	,				0	
	6.2 Applied to pay renewal premiums  6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0	
	6.4 Other 6.5 Totals (Sum of 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit	0	0	0	0	0	
	7.2 Applied to provide paid-up annuities			0	0	0 0 0	
	DIRECT CLAIMS AND BENEFITS PAID	-					
10.	Death benefits Matured endowments Annuity benefits					9,851 0	
	Surrender values and withdrawals for life contracts.					22 401	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	3	0	0	0	3	
	All other benefits, except accident and health					0	
	Totals	32,255	0	0	0	32,255	
1301. 1302.						3	
1303.	Summary of Line 13 from overflow page	Λ	n	n	n	n	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	3	 n	n I		 ຊ	

	0			Credit Life Group and Individual) Group		Inc	dustrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols. &	,	No. of	· ·	·	· ·		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	582	0	0	Ω	0	0	0	0	582
17. Incurred during current										
year	0	10,347							Ω	10,347
Settled during current										
year: 18.1 By payment in full	0	0.054							_	9.851
18.2 By payment on	0	9,001							0	9,001
compromised claims .									n	٥
18.3 Totals paid	0	9 851	0	0		0	0	0	0	9 851
18.4 Reduction by				***************************************		***************************************		***************************************		
compromise									0	0
18.5 Amount rejected		• • • • • • • • • • • • • • • • • • • •						• • • • • • • • • • • • • • • • • • • •	0	0
18.6 Total settlements	0	9,851	0	0	0	0	0	0	0	9,851
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	1,078	0	0	0	0	0	0	0	1,078
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	40	4 000 000	0	(a) 0	0	0	0	0	40	4 000 000
prior year					0	0		0	46	1,992,088
21. Issued during year										0
(Net)	(3)	(85, 215)							(3)	(85, 215)
23. In force December 31	(3)	(00,210)		(a)				• • • • • • • • • • • • • • • • • • • •	(3)	(00,210)
of current year	43	1,906,873	0	0	0	0	0	0	43	1,906,873

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND DE	ALI II III JU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	3,312,703	3,341,337		2,248,586	2,276,637
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)	371,164	371,164		179 , 188	182 , 157
25.4 Other accident only					
25.5 All other (b)	,				
25.5 All other (b)	371,164	371,164	0	179 , 188	182 , 157
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,683,867	3,712,501	0	2,427,774	2,458,794

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_11,117 and number of persons insured under lindemnity only products \_\_\_\_\_\_85



DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2008

۸۱۵ ۵	Group Code 0119	LIFE	<b>INSURANC</b>	F	NAIC Commercia	-4- 70590	
AIC (	Group Code 0119	1	2	3	NAIC Company C	ode 70080 5	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	
1.	Life insurance	2,034	<i>'</i>	'		2.03	
	Annuity considerations	1,232				1,23	
			XXX		XXX	· · · · · · · · · · · · · · · · · · ·	
	Other considerations						
	Totals (Sum of Lines 1 to 4)	3.266	0	0	0	3.2	
	DIRECT DIVIDENDS TO POLICYHOLDERS	-,		-	-	- ,	
	Life insurance:						
	6.1 Paid in cash or left on deposit						
	·						
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period						
	6.4 Other						
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0		
	Annuities:						
	7.1 Paid in cash or left on deposit						
	7.2 Applied to provide paid-up annuities						
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0		
-	DIRECT CLAIMS AND BENEFITS PAID		-	•			
a	Death benefits						
	Matured endowments						
	Annuity benefits						
	Surrender values and withdrawals for life contracts						
	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	0	0	0		
14.	All other benefits, except accident and health						
	Totals	0	0	0	0		
	DETAILS OF WRITE-INS	<u> </u>		,	· ·		
301.							
303							
398.	Summary of Line 13 from overflow page		0	0	0		
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	ñ	0	0		

	0	rdinarv		Credit Life (Group and Individual)		Group	In	dustrial	Total	
	1	2	(Group a	10 maividuai) 4	5	6 6	7	8	9	10tai 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	9 No.	Amount
16. Unpaid December 31,	110.	7 tillount	Or. Cortilo.	7 tillount	Cortilo.	7 tillount	110.	7 tillount	140.	runount
prior year	0	139	0	0	0	0	0	0	0	139
17. Incurred during current										
year		117							0	117
Settled during current										
year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	255	0	0	0	0	0	0	0	255
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	13	557 , 087	0	0	0	0	0	0	13	557 , 087
21. Issued during year									0	0
									0	0
23. In force December 31				(a)						
of current year	13	557,087	0	0	0	0	0	0	13	557,087

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... current year \$ ....

## **ACCIDENT AND HEALTH INSURANCE**

ACCIDLI	11 AND HE	ALIIIIII	JIVANCE		
	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)	186	186		90	91
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	186	186	0	90	91
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	186	186	0	90	91

-: 10taio (Eii100 E 1 E 11					•		
(b) For health business	on indicated line	es report: Number of pers	ons insured under PPO	managed care products	S	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2008

NAIC	Group Code 0119	LIFE INSURANCE NAIC Company Code 70580							
NAIC	Group Code 0118	1	2	3	4	5			
	DIRECT PREMIUMS	•	Credit Life (Group	-	•				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	134,840				134,840			
2.	Annuity considerations	53,034				53,034			
3.	Deposit-type contract funds		ХХХ		XXX	0			
	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	187,874	0	0	0	187,874			
	DIRECT DIVIDENDS TO POLICYHOLDERS								
	Life insurance:								
	6.1 Paid in cash or left on deposit					0			
	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the								
	endowment or premium-paying period	101				101			
	6.4 Other					0			
	6.5 Totals (Sum of 6.1 to 6.4)	101	0	0	0	101			
	Annuities:								
	7.1 Paid in cash or left on deposit					0			
	7.2 Applied to provide paid-up annuities					0			
	7.3 Other					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0			
8.	Grand Totals (Lines 6.5 plus 7.4)	101	0	0	0	101			
	DIRECT CLAIMS AND BENEFITS PAID								
9.	Death benefits	161,384				161,384			
10.	Matured endowments	1,000							
11.	Annuity benefits	1,974				1,974			
12.	Surrender values and withdrawals for life contracts	180,015				180,015			
13.	Aggregate write-ins for miscellaneous direct claims and								
	benefits paid	٥	0	0	0	0			
14.	All other benefits, except accident and health					0			
15.	Totals	344,373	0	0	0	344,373			
	DETAILS OF WRITE-INS								
1301.									
1302.									
1303.									
	Summary of Line 13 from overflow page		0	0	0 I	0			
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0			

	0	rdinary		Credit Life (Group and Individual)		Group	le	dustrial	Total	
	1	2	(Group a	10 maividuai) 4	5	6 6	7	8	9	10tai 10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	9 No.	Amount
16. Unpaid December 31,	. 10.	7 1110 0110	011 00111101	7 1110 0110	00.0.0.	7 1110 0110	. 10.	7 1110 0110	.10.	7 1110 0111
prior year	0	4.758	0	0	0	0	0	0	0	4,758
17. Incurred during current		, , , ,								,
year	8	166,208							8	166,208
Settled during current										
year: 18.1 By payment in full	8	162,384							8	162,384
18.2 By payment on compromised claims .									0	0
	8	162,384	0	0	0	0	0	0	8	162,384
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	162,384	0	0	0	0	0	0	8	162,384
19. Unpaid Dec. 31, current year (16+17-18.6)	0	8.581	0	0	0	0	0	0	0	8.581
year (10+17-18.0)	U	0,001	0	0	No. of	U	U	U	U	0,301
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	505	18,744,691	Ω	0	0	0	0	0	505	18,744,691
21. Issued during year								• • • • • • • • • • • • • • • • • • • •	0	0
22. Other changes to in force										
(Net)	(46)	(1,404,683)							(46)	(1,404,683)
23. In force December 31				(a)						
of current year	459	17,340,008	0	0	0	0	0	0	459	17,340,008

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ ....current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	AI WIND HE	ALIII INS	JIMIUL		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	6,964,419	7,024,619		4,727,287	4,786,259
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	197,057	197,057		95 , 134	96,710
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	197,057	197,057	0	95,134	96,710
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	7.161.476	7.221.676	0	4.822.421	4.882.969



DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2008

NAIC	Group Code 0119	LIFE	INSURANC	E	NAIC Company C	Code 70580
INAIC	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	10.252	<i>'</i>			10.252
2.	Annuity considerations	2,258				2,258
3.	Deposit-type contract funds	,	XXX		XXX	0
4.	Other considerations					0
	Totals (Sum of Lines 1 to 4)	12,510	0	0	0	12,510
	DIRECT DIVIDENDS TO POLICYHOLDERS	,				,
	Life insurance:	201				201
	6.1 Paid in cash or left on deposit					١ ٥٥٥٥
	6.2 Applied to pay renewal premiums					U
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	201				201
						ა04
	6.4 Other 6.5 Totals (Sum of 6.1 to 6.4)	765	0	····	Λ	
	Annuities:	105				/ 00
	7.1 Paid in cash or left on deposit					0
	7.1 Paid in cash of left on deposit					٠٠٠
	7.2 Applied to provide palo-up armunities					٠٠٠٠
	7.4 Totals (Sum of Lines 7.1 to 7.3)	Λ	0	0	Λ	٠٠٠٠
g.	Grand Totals (Lines 6.5 plus 7.4)	765	n			765
0.	DIRECT CLAIMS AND BENEFITS PAID	700	U	U	U	700
	Death benefits					0
10	Matured endowments	4 500				
	Annuity benefits					4 , 500
11.	Surrender values and withdrawals for life contracts	2 0//				2 0//
12.	Aggregate write-ins for miscellaneous direct claims and					
13.	benefits paid	2	0	0	0	2
14	All other benefits, except accident and health	∠				
	Totals	7.446	0	0	0	7.446
13.	DETAILS OF WRITE-INS	7,170	<u> </u>	-	U	7,140
1301	Coupons paid	2				2
1307.	coupons paru	∠				∠
1302.						
	Summary of Line 13 from overflow page		0	n	Λ	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	 າ	n	n		
1000.	Totalo (Lines 1001 tillu 1000 pius 1000) (Line 10 above)		0	0	0	

	0	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	2	No. of Ind. Pols. &	7	No. of	o o	,	Ü		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	476	0	0	0	0	0	0	0	476
<ol><li>17. Incurred during current</li></ol>										
year	2	4,950							2	4,950
Settled during current										
year:									_	
18.1 By payment in full	2	4,500							2	4,500
18.2 By payment on										0
compromised claims.		4 500							0	0
18.3 Totals paid	∠	4,500	0	0	U	0	0	0		4,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									٥	0
18.6 Total settlements	2	4,500	0	0	0	0	0	0	2	4,500
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	926	0	0	0	0	0	0	0	926
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	111	1,758,268	0	0	0	0	0	0	111	1,758,268
21. Issued during year		• • • • • • • • • • • • • • • • • • • •							0	0
22. Other changes to in force										
(Net)	(1)	(38,927)							(1)	(38,927)
23. In force December 31			_	(a)	_	_	_			
of current year	110	1,719,341	0	0	0	0	0	0	110	1,719,341

#### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ ....

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	JINANCE		
	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and individual)					
24.3 Collectively Renewable Policies (b)24.4 Medicare Title XVIII exempt from state taxes or fees					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)		1,962		947	963
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		1,962	0	947	963
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1.962	1.962	0	947	963

-: : otalo (Ellioo E : E :		/	.,	.,	•		
(b) For health business	on indicated line	s report: Numb	per of persons insured under PPO	managed care product	S	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2008

DIRECT PREMIUMS   1   Credit Life (Group and Individual)   Group   Industrial   Total   Industrial   In		Woot Viigilia			_		
DIRECT PREMIUNS   AND ANNUITY CONSIDERATIONS   Ordinary   and Individual)   Group   Industrial   Total	NAIC G	Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
1. Life insurance			1			4	· ·
2. Annuity considerations 3. 251 3. Deposit-type contract funds XXX XXX XXX (14. 4. Other considerations 10. 4) 4. Other considerations 10. 4) 5. Totals (Sum of Lines 1 to 4)  DIRECT DIVIDENDS TO POLICYHOLDERS  Life insurance: 6.1 Paid in cash or left on deposit 6. 6. 2 Applied to pay renewal premiums 6. 3 Applied to pay renewal premiums 6. 6. 3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6. 4. Other 6. 5 Totals (Sum of 6.1 to 6.4)  Annuities: 7.1 Paid in cash or left on deposit 7. 2 Applied to provide paid-up admittee 7. 7. 3 Other 7. 3 Other 7. 3 Other 7. 3 Other 7. 4 Totals (Sum of Lines 7.1 to 7.3) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			Ordinary	and Individual)	Group		
3. Deposit-type contract funds	1.	Life insurance	14,554				
4. Other considerations	2.	Annuity considerations	3,251				3,251
17,805	3.	Deposit-type contract funds		XXX		XXX	0
DIRECT DIVIDENDS TO POLICYHOLDERS   Life insurance: 6.1 Paid in cash or left on deposit							0
Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of 6.1 to 6.4) 6.7 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 7.4 Totals (Sum of Lines 7.1 to 7.3) 7.5 O	5.		17,805	0	0	0	17,805
endowment or premium-paying period   6.4 Other		Life insurance: 6.1 Paid in cash or left on deposit					0
6.5 Totals (Sum of 6.1 to 6.4)		endowment or premium-paying period					0
7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		6.5 Totals (Sum of 6.1 to 6.4)	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		7.2 Applied to provide paid-up annuities					0
DIRECT CLAIMS AND BENEFITS PAID   9. Death benefits			0	0	0	0	0
9. Death benefits	8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	10. 11.	Death benefits  Matured endowments  Annuity benefits					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	12.	Surrender values and withdrawals for life contracts	7 ,785				7,785
15. Totals 7,785 0 0 0 7,785  DETAILS OF WRITE-INS  1301.  1302.  1303.  1398. Summary of Line 13 from overflow page 0 0 0 0 7,785	13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
DETAILS OF WRITE-INS  1301.  1302.  1303.  1398. Summary of Line 13 from overflow page							
1301.         1302.         1303.         1398. Summary of Line 13 from overflow page       0       0       0       0       0	15.		7,785	U	U	Ü	1,785
1398. Summary of Line 13 from overflow page	1302.						
	1398	Summary of Line 13 from overflow page	0	0	0	0	0
			0		0		0

	0	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols.	7	No. of	-	,	-		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current	0	598	0	0	0	0	0	0	0	598
year Settled during current		403							0	403
year: 18.1 By payment in full 18.2 By payment on									0	0
compromised claims . 18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	0
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1,002	0	0	0	0	0	0	0	1,002
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	53	2,122,203	0	(a) 0	0	0	0	0	53	2,122,203
21. Issued during year									0	0
23. In force December 31 of current year	53	2,122,203	0	(a) 0	0	0	0	0	53	2,122,203

#### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....current year \$ ......

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND DE	ALITINOU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	678,674	684,541		460,668	466,415
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b)		757		366	372
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	758	757	0	366	372
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	679,432	685,298	0	461,034	466,787



DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2008

	VVICOONOIN			_	2010 1112 12	
NAIC C	Group Code 0119	LIFE	INSURANC	E	NAIC Company C	Code 70580
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	820,253				820,253
2.	Annuity considerations	183,500				183,500
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,003,753	0	0	0	1,003,753
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit	9,141				4 500
	6.2 Applied to pay renewal premiums	4,566				4 , 566
	6.3 Applied to provide paid-up additions or shorten the	50 440				50 440
	endowment or premium-paying period	50,118				
	6.4 Other	1,688				1,688
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	65 , 513
	Annuities:	10.700				40.700
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					٧٥
	7.3 Other	12 726	Λ	0	Λ	
		78,239		0	0	12,726 78.239
0.	Grand Totals (Lines 6.5 plus 7.4)  DIRECT CLAIMS AND BENEFITS PAID	10,239	U	U	U	10,239
	DIRECT CLAIMS AND BENEFITS PAID	1 100 E17				1 100 517
9.	Death benefits Matured endowments	72 402				73.403
10.	Annuity benefits	04 477				
11.	Surrender values and withdrawals for life contracts.	1 333 021				
	A garagete write inc for miscellaneous direct eleims and	, , , , , , , , , , , , , , , , , , ,				
13.	benefits paid	1 685	0	0	0	1.685
14.	All other benefits, except accident and health	,,000				003
	Totals	2.607.003	0	0	0	2,607,003
	DETAILS OF WRITE-INS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	·	, 1
1301.	Coupons paid	1.685				1.685
1302.						
	Summary of Line 13 from overflow page			0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1,685	0	0	0	1,685

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	2	No. of Ind. Pols. &	7	No. of	0	,	0	3	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	10	392,801	0	0	0	0	0	0	10	392,801
17. Incurred during current										
year	77	941,525							77	941,525
Settled during current										
year:	04	4 470 004							0.4	4 470 004
18.1 By payment in full	81	1,170,921							81	1 , 176 , 921
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	81	1 176 921	n	0	Λ	0	0	Λ		1 176 921
18.4 Reduction by										, 170,321
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	81	1, 176, 921	0	0	0	0	0	0	81	1, 176, 921
19. Unpaid Dec. 31, current										
year (16+17-18.6)	6	157,405	0	0	0	0	0	0	6	157,405
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	5 , 238	109 , 635 , 042	Ω	0		0	0	0	5,238	109 , 635 , 042
21. Issued during year									0	0
22. Other changes to in force (Net)	(254)	(44 ECO 202)							(254)	(11 ECO 202)
(Net)	(354)	(11,509,323)		(a)					(354)	(11,509,323)
of current year	4.884	98,065,719	0	(a)	0	0	0	0	4.884	98,065,719
or current year	4,004	50,005,715	U	0	U	Ü	U	U	4,004	30,000,713

#### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ....

#### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group Policies (b)  24. 1Federal Employees Health Benefits Program premium (b)	17,098,210	17,246,005		11,605,869	11,750,650
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	767 , 564	767 , 564		370 , 559	376,699
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	767 , 564	767 , 564	0	370 , 559	376,699
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,865,774	18,013,569	0	11,976,428	12,127,349

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_61,813 and number of persons insured under Indemnity only products \_\_\_\_\_87



DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2008

		1 155	INSURANC	`E		70500	
NAIC C	Group Code 0119	LIFE	INSURAINC		NAIC Company Code 70580		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.		4,312				4,312	
2.	Annuity considerations	195				195	
	Deposit-type contract funds		XXX		XXX	0	
	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	4,507	0	0	0	4,507	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					۵	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period					0	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					0	
	Matured endowments					0	
11.	Annuity benefits					0	
12.	Surrender values and withdrawals for life contracts.	86				86	
	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	0	0	0	0	
14.	All other benefits, except accident and health					0	
15.	Totals	86	0	0	0	86	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1398.	Summary of Line 13 from overflow page	0	0	0	0	0	
		0	0	0	0	0	
1398.	Summary of Line 13 from overflow page	0 0	0 0	0 0	0 0		

	O	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	2	No. of Ind. Pols. &	7	No. of	0	,	o o	3	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	104	0	0	0	0	0	0	0	104
17. Incurred during current		07							0	07
year Settled during current									D	δ/
year:										
18.1 By payment in full									0	0
18.2 By payment on									0	0
compromised claims . 18.3 Totals paid	0	0	0	0	n	0	0	0	 0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	191	0	0	0	0	0	0	0	191
year (10+17-16.0)	U	191	U	0	No. of	U	0	U	U	191
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	17	452,360	0	0	0	0	0	0	17	452,360
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	17	452,360	0	0	0	0	0	0	17	452,360

#### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)		98,884			67,375
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).	127	127		61	62
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	127	127	0	61	62
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	98.163	99.011	0	66.606	67.437

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under lines managed care products and number of per



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Grand Aliens

DURING THE YEAR 2008 NAIC Company Code 70580

NAIC C	Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	5,775	0	0	0	5,775
2.	Annuity considerations	255	0	0	0	255
	Deposit-type contract funds	0	ХХХ	0	XXX	0
	Other considerations	0	0	0	0	0
5.	Totals (Sum of Lines 1 to 4)	6,030	0	0	0	6,030
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit		0	0	0	0
	6.2 Applied to pay renewal premiums	0	0	0	0	0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	4/4	l0	0	0	4/4
	6.4 Other	0	l0	0	0	0
	6.5 Totals (Sum of 6.1 to 6.4)	4/4	0	0	0	4/4
	Annuities:			0	0	
	7.1 Paid in cash or left on deposit	0	l	0	0	D
	7.2 Applied to provide paid-up annuities		l0	0		0
	7.3 Other		l0	0	0	0
	7.4 Totals (Sum of Lines 7.1 to 7.3)		J	U		U
8.	Grand Totals (Lines 6.5 plus 7.4)	474	U	U	U	474
	DIRECT CLAIMS AND BENEFITS PAID				•	
	Death benefits		I0 I	0	0	0
	Matured endowments		I0 I	0		0
11.	Annuity benefits	0	I	ū		0
	Surrender values and withdrawals for life contracts	0	J	0		0
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	0
٠.,	benefits paid	U	I	U		U
	All other benefits, except accident and health	U	I	U		U
15.	Totals	U	U	U	U	U
1,00	DETAILS OF WRITE-INS					
1302.						
1303.				Λ		Λ
	Summary of Line 13 from overflow page	0	<u>0</u>  -		<u>0</u>	U
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	U	U	0	U

	Credit Life Ordinary (Group and Individual)				(	Group	Inc	dustrial		Total
	1	2	3	/	5	6 6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	_	No. of Ind. Pols.	4	No. of	0	,	o		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	0	175	0	0	0	0	0	0	0	175
year Settled during current	0	360	0	0	0	0	0	0	0	360
year: 18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise		0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	535	0	0	0	0	0	0	0	535
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	1	288 , 106	0	0	0	0	0	0	1	288, 106
21. Issued during year	0	0	٥	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31	4	000 400	^	(a)	_		_	_		200 402
of current year	1	288,106	0	0	0	0	0	0	1	288,106

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	٥	0	0	0	0
24.3 Collectively Renewable Policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	()	()	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	U	U	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under Indemnity only persons insured under Index Index



DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2008

			INICHIDANIO	_		
NAIC C	Group Code 0119	LIFE	INSURANC	<u> </u>	NAIC Company (	Code 70580
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	6,734,998	0	0		6,734,998
2.	Annuity considerations	2.50/./10	0	0	0	2,507,710
3.	Deposit-type contract funds	0	XXX	0	ХХХ	0
4.	Other considerations	0	0	0	0	0
	Totals (Sum of Lines 1 to 4)	9,242,709	0	0	0	9,242,709
	DIRECT DIVIDENDS TO POLICYHOLDERS	, ,				
	Life insurance:					
	6.1 Paid in cash or left on deposit	19 951	0	0	0	19,951
	6.2 Applied to pay renewal premiums	11 531	0	Û	0	11.531
	6.3 Applied to provide paid-up additions or shorten the					11,001
1	endowment or premium-paying period	116 7/12	n	Λ	<u>0</u>	116,742
1	6.4 Other	2 026				2.026
	6.5 Totals (Sum of 6.1 to 6.4)	150 251				150 . 251
		130,231				130,231
	Annuities:	1C 0EC	0	0	0	16,056
	7.1 Paid in cash or left on deposit	10,000	0	0	0	
	7.2 Applied to provide paid-up annuities	U		U	U	U
	7.3 Other	U		U	U	U
_	7.4 Totals (Sum of Lines 7.1 to 7.3)	10,050	<u>U</u>		U	16,056
8.	Grand Totals (Lines 6.5 plus 7.4)	166,307	0	0	0	166,307
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5 , 780 , 774	0	0	0	
10.	Matured endowments	178,059		0		178,059
11.	Annuity benefits	450 , 173	0	0		450 , 173
12.	Surrender values and withdrawals for life contracts	13,224,617	0	0	0	13,224,617
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	15,677	0	0	0	15,677
14.	All other benefits, except accident and health	0	0	0	0	0
	Totals	19,649,300	0	0	0	19,649,300
	DETAILS OF WRITE-INS					, ,
1301	Coupons paid	15 677				15 677
1302	outpoile para					
1303.						
	Summary of Line 13 from overflow page			0	0	0
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	15.677	n I			15.677
1399.	Totals (Lines 1301 tillu 1303 plus 1396) (Line 13 above)	13,077	U	0	0	10,011

	O	rdinary		edit Life Ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3 4		5	6	7	8	9	10
DIRECT DEATH	DIRECT DEATH No. of		•	Ü	Ŭ	,	· ·		10	
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	32	1,106,629	٥	0	0	0	0	0	32	1 , 106 , 629
17. Incurred during current										
year	315	5 , 559 , 588	0	0	0	0	0	0	315	5 , 559 , 588
Settled during current										
year:										
18.1 By payment in full	333	5,958,833	0	0	0	0	0	0	333	5, 958, 833
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
	333	5,958,833	0	0	0	0	0	0	333	5,958,833
18.4 Reduction by		_			_					
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	٥	0	0	0	0	0	0	0
18.6 Total settlements	333	5,958,833	0	0	0	0	0	0	333	5,958,833
19. Unpaid Dec. 31, current					_					
year (16+17-18.6)	14	707,384	0	0	0	0	0	0	14	707,384
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	_					
prior year	29,339	811,786,859	Ω	0	0	0	0	0	, ,	811,786,859
21. Issued during year		0	0	0	0	0	0	0	0	0
22. Other changes to in force	(4.00.1)	(54 540 040)	_		_	_			(4.00.1)	(54 540 040)
(Net)	(1,694)	(51,546,019)	0		0	0	0	0	(1,694)	(51,546,019)
23. In force December 31	07.045	700 040 040	_	(a)	^			^	07.045	700 040 040
of current year	27,645	760,240,840	0	0	0	0	0	0	27,645	760,240,840

Includes Individual Credit Life Insurance: prior year \$ ...0 current year \$ ...0 curre

#### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b).	278,575,100	280,983,073	0	189,090,327	191,449,199
Group Policies (b)  24.1 Federal Employees Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	٥	0	0	0
24.3 Collectively Renewable Policies (b)	0	٥	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	Ω	0	0	0	0
25.2 Guaranteed renewable (b)	Ω	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	15.490.909	15.490.90/	0	7 , 478 , 582	7,602,501
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.5 All other (b)	15,490,909	15,490,907	0	7 , 478 , 582	7 , 602 , 501
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		296,473,980	0		199,051,700

# FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve	
	1 Amount
Reserve as of December 31, prior year	138,596
Current year's realized pre-tax capital gains/(losses) of	
\$	406,378
Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	544,974
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	95,053
6. Reserve as of December 31, current year (Line 4 minus Line 5)	449,922

	AM	ORTIZATION			
		1	2 Current Year's	3 Adjustment for Current	4
	Year of Amortization	Reserve as of December 31, Prior Year	Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1.	2008	13,066	81,986	0	95,053
2.	2009	13,829	97,860	0	111,689
3.	2010	14,541	54,824	0	69,365
4.	2011	13,625	46,577	0	60,202
5.	2012	11,137	38,037	0	49,174
6.	2013	8,403	28,849	0	37,253
7.	2014	6,037	22,571	0	28,608
8.	2015	3,931	19,576	0	23,508
9.	2016	3,647	16,116	0	19,763
10.	2017	4,225	12,891	0	17 , 115
11.	2018	4,101	9,023	0	13,124
12.	2019	3,488	6,302	0	9,789
13.	2020	2,880	4,697	0	7,576
14.	2021	2,706	2,799	0	5,505
15.	2022	2,723	1,010	0	3,733
16.	2023	2,565	(1,014)	0	1,551
17.	2024	2,370	(2,116)	0	254
18.	2025	2,320	(2,204)	0	116
19.	2026	2,400	(2,344)	0	56
20.	2027	2,646	(2,429)	0	217
21.	2028	2,790	(2,567)	0	223
22.	2029	2,984	(2,658)	0	326
23.	2030	3,191	(2,866)	0	325
24.	2031	3,032	(2,965)	0	68
25.	2032	2,459	(3,172)	0	(712)
26.	2033	1,837	(3,378)	0	(1,541)
27.	2034	1,169	(3,154)	0	(1,985)
28.	2035	449	(2,502)	0	(2,052)
29.	2036		(1,849)	0	(1,806)
30.	2037	0	(1,142)	0	(1,142)
31.	2038 and Later	0	(381)	0	(381)
32	Total (Lines 1 to 31)	138,596	406,378	0	544,974

## **ASSET VALUATION RESERVE**

		Default Component			Equity Component		
	1	2	3	4	5	6 Total	7
	Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1+2)	Common Stock	Real Estate and Other Invested Assets	(Cols. 4+5)	Total Amount (Cols. 3+6)
	Lound	Wortgago Loano	(000.1-2)	Common Clock	1117001007100010	(0010. 110)	(0010: 0 * 0)
Reserve as of December 31, prior year	210,390	0	210,390	0	0	0	210,390
Realized capital gains/(losses) net of taxes - General Account	(916, 174)		(916, 174)			0	(916, 174)
Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0	I		0	0
7. Basic contribution	47,403	0	47,403	0	0	0	47,403
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	(658, 381)	0	(658,381)	0	0	0	(658,381)
9. Maximum reserve	247 , 413	0	247 , 413	345,215	0	345,215	592,628
10. Reserve objective	178,932	0	178,932	345,215	0	345,215	524,148
11. 20% of (Line 10 - Line 8)	167,463	0	167,463	69,043	0	69,043	236,506
12. Balance before transfers (Lines 8 + 11)	(490,918)	0	(490,918)	69,043	0	69,043	(421,875)
13. Transfers			0			0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	490,918		490,918			0	490,918
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	0	0	0	69,043	0	69,043	69,043

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# ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

	DEI AGET COMIT CINETT											
			1	2	3	4	Basic	Contribution	Rese	rve Objective	Maxir	num Reserve
							5	6	7	8	9	10
Line						Balance for AVR						
Num-	NAIC		Book/Adjusted	Reclassify Related	Add Third Party	Reserve Calculations		Amount		Amount		Amount
ber	Designation		Carrying Value	Party Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
		LONG-TERM BONDS										
1		Exempt Obligations	25,309,359	ХХХ	XXX	25 , 309 , 359	0.000	0	0.000	0	0.000	0
2	1	Highest Quality	42,229,491	ХХХ	XXX	42,229,491	0 . 0004	16,892	0.0023	97 , 128	0.0030	126,688
3	2	High Quality	3,830,203	ХХХ	XXX	3,830,203	0.019	7 , 277	0.0058	22,215	Ω.0090	34,472
4	3	Medium Quality	1,757,926	XXX	XXX	1,757,926	0 . 0093	16,349	0.0230	40,432	0.0340	59,769
5	4	Low Quality	301,688	XXX	XXX	301,688	0.0213	6,426	0.0530	15,989	0.0750	22,627
6	5	Lower Quality	7,350	XXX	XXX	7,350	0.0432	318	0 . 1100	809		
7	6	In or Near Default	7 ,725	XXX	XXX	7 ,725	0.000	0	0.2000	1,545	0.2000	1,545
8		Total Unrated Multi-Class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total Bonds (Sum of Lines 1 through 8) (Page 2, Line 1, Net										
		Admitted Asset)	73,443,742	XXX	XXX	73,443,742	XXX	47,261	XXX	178,118	XXX	246,351
		PREFERRED STOCK										
10	1	Highest Quality	349 , 160	XXX	XXX	349 , 160	0 . 0004	140	0.0023	803	0.0030	1,047
11	2	High Quality		ХХХ	XXX	0	0.019	0	0.0058	0	0.0090	0
12	3	Medium Quality		ХХХ	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low Quality		ХХХ	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower Quality		ХХХ	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or Near Default		ХХХ	XXX	0	0.000	0	0.2000	0	0.2000	0
16		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total Preferred Stocks (Sum of Lines 10 thru 16) (Page 2, Line 2.1,										
		Net Admitted Asset)	349,160	XXX	XXX	349,160	XXX	140	XXX	803	XXX	1,047
		SHORT-TERM BONDS										
18		Exempt Obligations	5,992,592	ХХХ	XXX	5,992,592	0.000	0	0.000	0	0.000	0
19	1	Highest Quality	4,800	ХХХ	XXX	4,800	0.0004	2	0.0023	11	0.0030	14
20	2	High Quality		ХХХ	XXX	0	0.019	0	0.0058	0	0.0090	0
21	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low Quality		ХХХ	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0 . 1700	0
24	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total Short-term Bonds (Sum of lines 18 thru 24)	5,997,392	XXX	XXX	5,997,392	XXX	2	XXX	11	XXX	14

## **ASSET VALUATION RESERVE (Continued)** BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS **DEFAULT COMPONENT**

			1	2	3	4	Basic	Contribution	Reser	rve Objective	Maxin	num Reserve
Line						Balance for AVR	5	6	7	8	9	10
Num-	NAIC		Book/Adjusted	Reclassify Related	Add Third Party	Reserve Calculations		Amount		Amount		Amount
ber	Designation	Description	Carrying Value	Party Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
		DERIVATIVE INSTRUMENTS										
26		Exchange Traded		ХХХ	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest Quality		ХХХ	XXX	0	0.004	0	0.0023	0	0.0030	0
28	2	High Quality		ХХХ	XXX	0	0.019	0	0 . 0058	0	0.0090	0
29	3	Medium Quality		ХХХ	XXX	0	0 . 0093 .	0	0 . 0230	0	0.0340	0
30	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower Quality		XXX	XXX	0	0.0432	0	0 . 1100	0	0 . 1700 .	0
32	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Line 9 + 17 + 25 + 33)	79,790,294	XXX	XXX	79,790,294	XXX	47,403	XXX	178,932	XXX	247,413
		MORTGAGE LOANS										
		In Good Standing:										
35		Farm Mortgages			XXX	0	0.0063 <sup>(a)</sup> .	0	0.0120 <sup>(a)</sup>	0	0.0190 <sup>(a)</sup> .	0
36		Residential Mortgages - Insured or Guaranteed			XXX	0	0.003	0	0.006	0	0.0010	0
37		Residential Mortgages - All Other			XXX	0	0.013	0	0.030	0	0.0040	0
38		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.006	0	0.0010	0
39		Commercial Mortgages - All Other			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 <sup>(a)</sup>	0
40		In Good Standing With Restructured Terms			XXX	0	0.2800 <sup>(b)</sup>	0	0.6200 <sup>(b)</sup>	0	1.0000 <sup>(b)</sup> .	0
		Overdue, Not in Process:										
41		Farm Mortgages			XXX	0	0.0420	Q	0.0760	0	0 . 1200 .	0
42		Residential Mortgages - Insured of Guaranteed			XXX	0	0 . 0005	0	0.0012	0	0.0020	0
43		Residential Mortgages - All Other			XXX	0	0.0025	0	0 . 0058	0	0.0090	0
44		Commercial Mortgages - Insured or Guaranteed			XXX	0	0 .0005 .	0	0.0012	0	0.0020	0
45		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0 . 1200 .	0
		In Process of Foreclosure:			WWW		0.0000	^	0.4700		0.4700	^
46		Farm Mortgages			XXX	0	0.000 .	0	0 . 1700	0	0 . 1700 .	0
47		Residential Mortgages - Insured or Guaranteed			XXX		0.000 .	<u>0</u>	0.0040	0	0.0040	ū
48		Residential Mortgages - All Other			XXX	U	0.000 .	D	0.0130		0.0130	U
49		Commercial Mortgages - Insured or Guaranteed			XXX	U	0.000 .	D	0.0040 0.1700		0.0040 01700	U
50		Commercial Mortgages - All Other			XXX	U	0.0000	U	0.1700	0	0.1700	
51		Total Schedule B Mortgages (Sum of Lines 35 thru 50) (Page 2, Line 3, Net Admitted Asset)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52	<u> </u>	Total Schedule DA Mortgages			XXX	0	(c)	0	(c)	0	(c)	0
53		Total Mortgage Loans on Real Estate (Line 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

<sup>(</sup>a) Times the Company's Experience Adjustment Factor (EAF).

<sup>(</sup>b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9. (c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

# ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

	EQUIT AND OTHER INVESTED ASSET COMPONENT											
			1	2	3	4	BASIC CC	NTRIBUTION	RESERVI	OBJECTIVE	MAXIMU	M RESERVE
						Balance for AVR	5	6	7	8	9	10
1.5	NAIC		De ale/A diseate d	Reclassify	Add Third Death	Reserve		A t		A		A
Line	Designation	Description	Book/Adjusted Carrying Value	Related Party Encumbrances	Add Third Party Encumbrances	Calculations (Col. 1 + 2 + 3)	Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
Nullibei	Designation	COMMON STOCK	Carrying value	Lilcumbrances	Liteumbiances	(001. 1 + 2 + 3)	i actoi	(COIS. 4 X 3)	i actoi	(COIS. 4 X I )	i actoi	(COIS. 4 X 9)
1		Unaffiliated - Public	2.655.501	XXX	XXX	2.655.501	0.0000	0	0.1300 <sup>(d)</sup>	345.215	0.1300 <sup>(d)</sup>	345,215
2		Unaffiliated - Private	2,000,001	XXX	XXX	2,000,001	0.0000	 0	0.1600	545,215 A	0.1600	545,215 A
2		Federal Home Loan Bank		XXX	XXX	Ω	0.0000	 0	0.0050	 N	0.0080	 0
1		Affiliated - Life with AVR		XXX	XXX	Λ	0.0000		0.0000		0.0000	
7		Affiliated - Investment Subsidiary:					0.000	0	0.0000		0.000	0
5		let transfer and t	0	0	0	0	XXX	0	XXX	٥	XXX	0
6		Fixed Income - Exempt Obligations	0	 	n	Ω	XXX	Ω	XXX	Λ	XXX	
7		Fixed Income - High Quality	0	Ω		Λ	XXX	٥	XXX	Λ	XXX	Ω
, 8		Fixed Income - High Quality	0	 n	n	Ω ∩	XXX	 n	XXX	 ∩	XXX	
9		Fixed Income - Low Quality				 N	XXX	 0	XXX		XXX	Ω
10		Fixed Income - Low Quality	0	 	n	 0	XXX	 0	XXX	 N	XXX	٥
11		Fixed Income - In/Near Default	0	 	n	Ω	XXX	 0	XXX		XXX	 0
12		Unaffiliated Common Stock - Public	0				0.0000	0	0.1300 <sup>(d)</sup>	Ω	0.1300 <sup>(d)</sup>	0
13		Unaffiliated Common Stock - Private				 0	0.0000	 0	0 . 1300	 N	0 . 1300	٥
14		Mortgage Loans				Λ	(c)	Ω	(c)		(c)	
15		Real Estate				Ω	(e)	 0	(e)	Ω	(e)	 0
16		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	Ω	0.0000	Ω	0.1300	D	0 . 1300	Ω
17		Affiliated - All Other		XXX	XXX	0	0.000	0	0.1600	Λ	0.1600	0
18		Total Common Stock (Sum of Lines 1 thru 17)(Page 2, Line 2.2, Net Admitted		AAA	AAA		0.0000	0	0.1000	0	0.1000	U
-10		Asset)	2,655,501	0	0	2,655,501	XXX	0	XXX	345,215	XXX	345,215
		REAL ESTATE										
19		Home Office Property (General Account only)				0	0.000	0	0 .0750	0	0.0750	0
20		Investment Properties				0	0.000	0	0 .0750	0	0.0750	0
21		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
22		Total Real Estate (Sum of Lines 19 thru 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23		Exempt Obligations		XXX	XXX	0	0.000	0	0.000	0	0.000	0
24	1	Highest Quality		XXX	XXX	0	0.004	0	0.0023	0	0.030	0
25	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower Quality		XXX	XXX	0	0.0432	0	0 . 1100	0	0 . 1700	0
29	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with Bond characteristics (Sum of Lines 23 thru 29)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

# ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

	1		1	2	3	4	BASIC CC	NTRIBUTION	RESERV	E OBJECTIVE	MAXIMU	M RESERVE
Line Number	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS	7 0			,		,		,		,
31	1	Highest Quality		XXX	XXX	0	0.004	0	0.0023		0.0030	0
32	2	High Quality		ХХХ	XXX	0	0.019	0	0.0058		0.0090	0
33	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
35	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0 . 1700	0
36	6	In or Near Default		XXX	XXX	0	0.000	٥	0.2000	0	0.2000	0
37		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38		Total with Preferred Stock characteristics (Sum of Lines 31 thru 37)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
39		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS In Good Standing:			XXX	0	0.0063	0	0.0120	0	0.0190	0
39		Farm Mortgages					(a)	0	(a)	0	(a)	0
40		Residential Mortgages - Insured or Guaranteed			XXX	0	0.003	0	0.0006		0.0010	0
41		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030		0.0040	0
42		Commercial Mortgages - Insured or Guaranteed			XXX	٥	0.003	٥	0.0006		0.010	0
43		Commercial Mortgages - All Other			XXX	0	0 . 0063	0	0.0120	0	0.0190 (a)	0
44		In Good Standing With Restructured Terms  Overdue, Not in Process:	-		XXX	0	0.2800	0	0.6200	0	1.0000	0
45		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
46		Residential Mortgages - Insured or Guaranteed			XXX	0	0.005	0	0.0012		.0.0020	0
47		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
48		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.005	0	0.0012	0	0.0020	0
49		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
50		Farm Mortgages			XXX	0	0.000	0	0.1700		0 . 1700	0
51		Residential Mortgages - Insured or Guaranteed		ļ	XXX	0	0.000	0	0.0040		0.0040	0
52		Residential Mortgages - All Other			XXX	0	0.000	0	0.0130	0	0.0130	0
53		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
54		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700		0.1700	0
55		Total with Mortgage Loan Characteristics (Sum of Lines 39 thru 54)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

# ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

	1		1	2	2	4		NTRIBUTION	RESED\/I	E OBJECTIVE	ΜΑΧΙΜΙΙ	M RESERVE
			ļ.		3	Balance for AVR	5	6	7	Q 0D0L011VL	a	10
				Reclassify Related		Reserve	3	U	′	O	9	10
Line	NAIC		Book/Adjusted	Party	Add Third Party	Calculations		Amount		Amount		Amount
Number	Designation	Description	Carrying Value	Encumbrances	Encumbrances	(Col. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCKS							(4)		(-0	
56		Unaffiliated Public		XXX	XXX	0	0.000	0	0 . 1300 <sup>(d)</sup>	0	0 . 1300 <sup>(d)</sup>	0
57		Unaffiliated Private		ХХХ	XXX	0	0.000	0	0.1600	0	0.1600	0
58		Affiliated Life with AVR		XXX	XXX	0	0.000	0	0.000	0	0.000	0
59		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		ХХХ	XXX	0	0.000	0	0 . 1300	0	0 . 1300	0
60		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
61		Total with Common Stock characteristics (Sum of Lines 56 thru 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62		Home Office Property (General Account only)				٥	0.000	0	0.0750	0	0.0750	0
63		Investment Properties				0	0.000	0	0.0750	0	0.0750	0
64		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
65		Total with Real Estate Characteristics (Lines 62 thru 64)	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
67		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
68		State Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
69		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
70		Total LIHTC	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
71		Other Invested Assets - Schedule BA		XXX		0	0.000	0	0 . 1300	0	0 . 1300	0
72		Other Short Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
73		Total All Other (Sum of Lines 71 + 72)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
74		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	0	0	0	0	XXX	0	XXX	0	XXX	0

<sup>(</sup>a) Times the Company's Experience Adjustment Factor (EAF).

<sup>(</sup>b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

<sup>(</sup>c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

<sup>(</sup>d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

<sup>(</sup>e) Determined using same factors and breakdowns used for directly owned real estate.

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# Asset Valuation Reserve (Continued) Basic Contribution, Reserve Objective and Maximum Reserve Calculations Replications (Synthetic) Assets

1	2	3	4	5	6	7	Q	٥
RSAT Number	Z Type	CUSIP	Description of Asset(s)	5 NAIC Designation or Other Description of Asset	value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
RSAT Number	i ype	CUSIP	Description of Asset(s)	Other Description of Asset	value of Asset	Basic Contribution	Reserve Objective	Maximum Reserve
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## **SCHEDULE F**

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1					ract ciaims resisted		
'	2	3	4	5	6	7	8
	_	State of	Year	J	· ·	,	ŭ
		Residence	of Claim			Amount Resisted	
Contract		of	for Death or		Amount Paid During	Dec. 31 of Current	
Numbers	Claim Numbers	Claimant	Disability	Amount Claimed	the Year	Year	Why Compromised or Resisted
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5399999 Totals							XXX

## **SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

									Other Individual Contracts										
		T. ( )		Group Accid		Credit Accid Healtl	h	Outland of D		Necessary	.1.1.1.	0		Non-Renew		011		A II O II	
	-	Total	2	Health 3	1 4	(Group and In	6	Collectively R	enewabie o	Non-Canc	elable 10	Guaranteed R	enewable 12	Stated Reas 13	ons Only 14	Other Accid	ent Only 16	All Oth	18
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
			,				PART 1 - A	ANALYSIS OF U	JNDERWRI	TING OPERATION	ONS					•			
1.	Premiums written	294,327,520	XXX	278,824,575	XXX		XXX		XXX		XXX		XXX	15,502,945	XXX		XXX		XXX
2.	Premiums earned	296,427,719	XXX	280,983,073	XXX	0	ХХХ	0	XXX	0	ХХХ	0	XXX	15,444,646	XXX	0	XXX	0	XXX
3.	Incurred claims	198,822,132	67 . 1	191,449,199	68.1		0.0		0.0		0.0		0.0	7,372,933	47 . 7		0.0		0.0
4.	Cost containment expenses	683,566	0.2	621,742	0.2		0.0		0.0		0.0		0.0	61,824	0.4		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	199,505,698	67.3	192,070,941	68.4	0	0.0	0	0.0	0	0.0	0	0.0	7 , 434 , 757	48.1	0	0.0	0	0.0
6.	Increase in contract reserves	(100)	0.0	(100)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	26 , 738 , 778	9.0	25,493,769	9.1		0.0		0.0		0.0		0.0	1,245,009	8.1		0.0		0.0
8.	Other general insurance expenses	27 , 557 , 011	9.3	25,064,664	8.9		0.0		0.0		0.0		0.0	2,492,347	16 . 1		0.0		0.0
9.	Taxes, licenses and fees	8,616,094	2.9	8 , 167 , 173	2.9		0.0		0.0		0.0		0.0	448,921	2.9		0.0		0.0
10.	Total other expenses incurred	62,911,883	21.2	58,725,606	20.9	0	0.0	0	0.0	0	0.0	0	0.0	4, 186, 277	27 . 1	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	34,010,238	11.5	30,186,626	10.7	0	0.0	0	0.0	0	0.0	0	0.0	3,823,612	24.8	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	34,010,238	11.5	30,186,626	10.7	0	0.0	0	0.0	0	0.0	0	0.0	3,823,612	24.8	0	0.0	0	0.0
	DETAILS OF WRITE-INS																		
1101.																			
1102.																			
1103.									<u> </u>							<b></b>	<u> </u>	<b>_</b>	
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ .....reported as "Contract, membership and other fees retained by agents."

# **SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

						( = = :::::::::::::::::::::::::::::::::	- /		
	1	2	3	4		(	Other Individual Contract	S	•
					5	6	7	8	9
			Credit Accident and						
		Group Accident and	Health	Collectively		Guaranteed	Non-Renewable for		
	Total	Health	(Group and Individual)	Renewable	Non-Cancelable	Renewable	Stated Reasons Only	Other Accident Only	All Other
		PA	RT 2 - RESERVES AN	ID LIABILITIES					
A. Premium Reserves:									
Unearned premiums	224,099						224,099		
Advance premiums	5,529,333	5,529,333							
Reserve for rate credits	0								
Total premium reserves, current year	5,753,432	5,529,333	0	0	0	0	224,099	0	0
Total premium reserves, prior year	7,853,630	7,687,831	0	0	0	0	165,799	0	0
Increase in total premium reserves	(2,100,198)	(2, 158, 498)	0	0	0	0	58,300	0	0
B. Contract Reserves:									
Additional reserves (a)	0								
Reserve for future contingent benefits	0								
Total contract reserves, current year	0	0	0	0	0	0	0	0	0
Total contract reserves, prior year.	100	100	0	0	0	0	0	0	0
5. Increase in contract reserves	(100)	(100)	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
Total current year	15 , 657 , 544	15,210,962					446 , 582		
2. Total prior year	13, 174, 186	12,852,090	0	0	0	0	322,096	0	0
3. Increase	2,483,358	2,358,872	0	0	0	0	124,486	0	0

	PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES											
Claims paid during the year:												
1.1 On claims incurred prior to current year	11,644,656					0	166 , 462					
1.2 On claims incurred during current year	184,694,118	177,612,133				0	7,081,985					
Claim reserves and liabilities, December 31, current year:												
2.1 On claims incurred prior to current year	626 , 156	623 , 130				0	3,026					
2.2 On claims incurred during current year	15,031,388	14,587,832				0	443 , 556					
3. Test:												
3.1 Line 1.1 and 2.1	12,270,812	12,101,324	0	0	0	0	169,488	0	0			
3.2 Claim reserves and liabilities, December 31, prior year	13, 174, 186	12,852,090	0	0	0	0	322,096	0	0			
3.3 Line 3.1 minus Line 3.2	(903, 374)	(750,766)	0	0	0	0	(152,608)	0	0			

	PART 4 - REINSURANCE											
A. Reinsurance Assumed:												
Premiums written	0								<b></b>			
Premiums earned	0								1			
3. Incurred claims	0											
4. Commissions	0											
B. Reinsurance Ceded: 1. Premiums written												
Premiums written	46,263					46,263			1			
Premiums earned	46,263					46,263						
3. Incurred claims	227,566	227,566							1			
4. Commissions	0	,										

(a) Includes \$ \_\_\_\_\_ premium deficiency reserve

# **SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
Incurred Claims	227 , 566	198,822,132		199,049,698
Beginning claim reserves and liabilities	12,478	13,170,773	0	13,183,251
Ending claim reserves and liabilities	6,497	15 , 657 , 544		15,664,041
4. Claims paid	233,547	196,335,361	0	196 , 568 , 908
B. Assumed Reinsurance:				
Incurred Claims				0
Beginning claim reserves and liabilities	0	0	0	0
Ending claim reserves and liabilities				0
8. Claims paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims	227 ,566			227 ,566
10. Beginning claim reserves and liabilities	9,065	0	0	9,065
11. Ending claim reserves and liabilities	6,497			6,497
12. Claims paid	230 , 134	0	0	230 , 134
D. Net:				
13. Incurred Claims	0	198 ,822 ,132	0	198,822,132
14. Beginning claim reserves and liabilities	3,413	13,170,773	0	13 , 174 , 186
15. Ending claim reserves and liabilities	0	15 ,657 ,544	0	15 ,657 ,544
16. Claims paid	3,413	196,335,361	0	196,338,774
E. Net Incurred Claims and Containment Expenses:				
17. Incurred claims and containment expenses		199 , 505 , 698		199 , 505 , 698
18. Beginning reserves and liabilities	3,413	13,170,773	0	13 , 174 , 186
19. Ending reserves and liabilities		15 ,657 ,544		15 ,657 ,544
20. Paid claims and cost containment expenses	3,413	197,018,927	0	197,022,340

# Schedule S - Part 1 - Section 1 NONE

Schedule S - Part 1 - Section 2

NONE

	Reins	surance Recovera	ble on Paid and Unpaid Losses Listed by R	einsuring Company as of December 31, Curre	ent Year	
1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company PROTECTIVE LIFE INSURANCE COMP	Location	Paid Losses	Unpaid Losses
68136	63-0169/20	04/01/1999	PROTECTIVE LIFE INSURANCE COMP	NASHVILLE, IN		707,384
0299999 - LITE	e and Annuity - N als - Life and An	non-ATTITIALES				707,384 707,384
68136	63-0169720	04/01/1999	PROTECTIVE LIFE INSURANCE COMP	NASHVILLE, TN		6,497
0599999 - Acc	ident and Health	- Non-Affiliates		,		6,497
0699999 - Tota	als - Accident an	nd Health				6,497
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1599999 Totals

#### ANNUAL STATEMENT FOR THE YEAR 2008 OF THE HumanaDental Insurance Company

#### **SCHEDULE S - PART 3 - SECTION 1**

		Rei	insurance Ceded Life Insurance, Annuities, D	Deposit Funds and Other Liabilities without					einsuring Compar	y as of December	31, Current Year		
1	2	3	4	5	6	7	Reserve C		10	Outstanding S		13	14
NAIC Company	Federal ID	Effective			Type of Re- insurance	Amount in Force	8	9		11	12	Modified Coinsurance	Funds Withheld Under
Code	Number	Date	Name of Company	Location	Ceded	at End of Year	Current Year	Previous Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
	63-0169720	04/01/1999		NASHVILLE, TN.	C0/1	760,240,843	204,072,725	209,618,696	9,466,712				
			nt - Non-Affiliates			760,240,843	204,072,725	209,618,696	9,466,712				
		ed General Accou				760,240,843	204,072,725	209,618,696	9,466,712				
			zed General Account			760,240,843	204,072,725	209,618,696	9,466,712				
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204,072,725

760,240,843

209,618,696

9,466,712

### **SCHEDULE S - PART 3 - SECTION 2**

Dainauranaa Cada	d Annidomé and Hanléh Inc.,,,,,	saa I iatad bu Dainauwina Cam	pany as of December 31. Current Year
Reinsurance Cede		ice Listea by Reinsurina Com	ibany as of December 31. Current Year

	_			einsurance Ceded Accident and Health Insur					0 1 1 1 2 2 1 2 2 2	S and a Darket		
1	2	3	4	5	6	7	8	9	Outstanding S		12	13
NAIC							l <u>.</u> .	Reserve Credit	10	11	Modified	
Company					_		Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company PROTECTIVE LIFE INSURANCE COMP.	Location	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
68136	63-0169720	04/01/1999	PROTECTIVE LIFE INSURANCE COMP.	NASHVILLE, TN.	C0/I	46,263		69,463				
0299999 -	· lotal Authorized	General Account	- Non-Affiliates			46,263		69,463				
0399999 -	- Total Authorized	General Account				46,263		69,463				
0799999	· lotal Authorized	and Unauthorize	d General Account			46,263		69,463				
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·							
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[										<b></b>		·
1599999	Totals		<u> </u>			46,263		69,463				

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14 Sum of Cols
NAIC Company	Federal ID	Effective		Reserve Credit	Paid and Unpaid Losses Recoverable		Total			Funds Deposited by and Withheld from		Miscellaneous	9+10+11+12+13 But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	(Cols. 5+6+7)	Letters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Excess of Col. 8
Code	Nullibel	Date	Name of Nemsurer	Tancii	(Debit)	Other Debits	(Cois. 3+0+1)	Letters of Credit	Trust Agreements	Nemburers	Other	Dalatices (Cledit)	LACESS OF COL. 0
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1199999	Total												

Five Year Exhibit of Reinsurance	Coded Duciness (000 Omitted)
rive fear exhibit of Reinsurance	Ceded Business (000 Omitted)

		1	ance Ceded Business 2 2007	3	4	5 2004
		2008	2007	2006	2005	2004
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts	9,513	10,076	10,790	11,688	12,667
2.	Commissions and reinsurance expense allowances	0	0	0	0	0
3.	Contract claims	20,840	25,245	20,698	19,549	21,508
4.	Surrender benefits and withdrawals for life contracts .		0	0	0	0
5.	Dividends to policyholders		0	0	0	0
6.	Reserve adjustments on reinsurance ceded	0	0	0	0	0
7.	Increase in aggregate reserve for life and accident and health contracts		0	0	0	0
В.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9.	Aggregate reserves for life and accident and health contracts	204,142	209,691	217 ,785	224 , 157	227,058
10.	Liability for deposit-type contracts	3,973	4,003	0	0	4,345
11.	Contract claims unpaid	714	1,114	845	748	1,800
12.	Amounts recoverable on reinsurance	0	0	0	0	0
13.	Experience rating refunds due or unpaid		0	0	0	0
14.	Policyholders' dividends (not included in Line 10)		0	0	0	0
15.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
16.	Unauthorized reinsurance offset	0	0	0	0	0
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Funds deposited by and withheld from (F)	0	0	0	0	0
18.	Letters of credit (L)	0	0	0	0	0
19.	Trust agreements (T)	0	0	0	0	0
20.	Other (O)	0	0	0	0	0

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
Cash and invested assets (Line 10)	90,020,694		90 , 020 , 694
2. Reinsurance (Line 14)	0	0	
Premiums and considerations (Line 13)	1,650,489	0	1,650,489
Net credit for ceded reinsurance	XXX	204,856,069	204,856,069
All other admitted assets (balance)	2,237,848		2,237,848
Total assets excluding Separate Accounts (Line 24)	93,909,031	204,856,069	298 , 765 , 100
7. Separate Account assets (Line 25)	0		
8. Total assets (Line 26)	93,909,031	204,856,069	298,765,10
LIABILITIES, CAPITAL AND SURPLUS (PAGE 3)			
9. Contract reserves (Lines 1 and 2)	225,099	204 , 142 , 188	204,367,28
10. Liability for deposit-type contracts (Line 3)	0		
11. Claim reserves (Line 4)	15,656,544	713,881	16,370,42
12. Policyholder dividends/reserves (Lines 5 through 7)	0		
13. Premium & annuity considerations received in advance (Line 8)		0	5 , 529 , 33
14. Other contract liabilities (Line 9)			
15. Reinsurance in unauthorized companies (Line 24.2)		0	
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)			
17. All other liabilities (balance)			8,258,42
18. Total liabilities excluding Separate Accounts (Line 26)		204,856,069	234,975,38
19. Separate Account liabilities (Line 27)			
20. Total liabilities (Line 28)		204,856,069	234,975,38
21. Capital & surplus (Line 38)		XXX	63,789,71
22. Total liabilities, capital & surplus (Line 39)	93,909,031	204,856,069	298,765,10
NET CREDIT FOR CEDED REINSURANCE	30,000,001	201,000,000	200,100,10
23. Contract reserves	204 , 142 , 188		
24. Claim reserves			
25. Policyholder dividends/reserves	, ,		
26. Premium and annuity considerations received in advance			
27. Liability for deposit-type contracts			
28. Other contract liabilities			
29. Reinsurance ceded assets			
30. Other ceded reinsurance recoverables			
31. Total ceded reinsurance recoverables			
32. Premiums and considerations			
33. Reinsurance in unauthorized companies			
34. Funds held under reinsurance treaties with unauthorized reinsurers			
35. Other ceded reinsurance payables/offsets			
36. Total ceded reinsurance payable/offsets	0		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

				Direct Bus	iness Only		
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL	48,880	30,387			0	79,20
2. Alaska		2,401	40			0	2,44
3. Arizona		37,998	9,531			0	47 , 52
4. Arkansas	AR	26,584	17 ,982 .			0	44,56
5. California	CA	273,286	89,799			0	363,08
6. Colorado	CO	26,609	17 , 158			0	43,76
7. Connecticut	CT	10,960	6,145			0	17 , 10
8. Delaware	DE	12,679	6,477			0	19 , 1
9. District of Columbia	DC		12,512			0	98,89
10. Florida	FL	466 . 122	107 , 183			0	573,3
11. Georgia		134,833	39,266			0	174,0
12. Hawaii		2,698				0	
13. Idaho		2.661	1,210			0	3.8
14. Illinois		266,209	159.603			0	425.8
15. Indiana		260,209	35,831			0	296,2
16. lowa		200,373				0	290,2
16. lowa 17. Kansas		21,100	13,358			0	3, 18
		,	13,358			0	
18. Kentucky		55,881					79,8
19. Louisiana		30,376	5,017			0	35,3
20. Maine		2,885	2,250		<b></b>	0	5,1
21. Maryland		834 , 184	462,916			0	1,297,1
22. Massachusetts		227,909	63,604			0	291,5
23. Michigan		436,571	121,359			0	557,9
24. Minnesota		124,087	5,819			0	129,9
25. Mississippi	MS	26,252	4,661			0	30,9
26. Missouri	MO	27,679	33,548			0	61,2
27. Montana	MT	4,805	880			0	5,6
28. Nebraska	NE	16,907	5,656			0	22,5
29. Nevada	NV	17 , 101	2,011			0	19,1
30. New Hampshire	NH	28,305	8,544			0	36,8
31. New Jersey		394,813	155,402			0	550,2
32. New Mexico		4,504	1.014			0	5,5
33. New York		25,612	9,454			0	35,0
34. North Carolina		189,929				0	222.8
35. North Dakota		439				0	
36. Ohio	OH		305.457			Λ	1,276,1
37. Oklahoma		4,345	2.093			0	6.4
		,	2,093			0	9.(
38. Oregon		8,554				0	,
39. Pennsylvania		370,863	241,561			0	612,4
40. Rhode Island		7,686	2,990			0	10,6
41. South Carolina		49,793	19,376			0	69,1
42. South Dakota		6,255	295			0	6,5
43. Tennessee		63,247	25,385			0	88,6
44. Texas		111,693	99,874			0	211,5
45. Utah	UT	16,195	4,225			0	20 , 4
46. Vermont	VT	2,034	1,232			0	3,2
47. Virginia	VA	134,840	53,034			0	187 , 8
48. Washington	WA	10,252	2,258			0	12,5
19. West Virginia		14,554	3,251			0	17,8
50. Wisconsin		820 , 115	183,202			0	1,003,
51. Wyoming		4,312	195		L	0	4,
52. American Samoa		.0	0			0	
53. Guam		0	0			0	
54. Puerto Rico		184	0			0	
55. U.S. Virgin Islands		0	0			0	
56. Northern Mariana Islands57. Canada		0	0		l	0	
	CN	416	255		L	0	f
57. Canada 58. Aggregate Other Alien		5,775	298			0	6,0

# SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
69671	61-1041514	Humana Health Ins Comp of Florida, Inc		15,000,000			(5,750,818)	99,750,004			108,999,186	
00000	61-1343508	Humana Marketpoint, Inc					303,366,458				303,366,458	
00000 95270	61-1241225 61-1103898	Hum Willtary Healthcare Services, Inc.	(145,000,000)	(2,000,000)		• • • • • • • • • • • • • • • • • • • •	(42,273,435)	(99,750,004)			(42,273,435)	
95270 95885	61-1013183	Humana Medićal Plan, Inc	(145,000,000)	(2,000,000)			(363,692,657)	(90,585,806)			(030,442,001)	
95348	31-1154200	Humana Health Plan of Ohio, Inc.	(15,000,000)	223,000,000			(2, 106, 514)	(90,363,600)			(31,395,204)	
95024	61-0994632	Humana Health Plan of Texas, Inc.	(40,000,000)				(44,097,659)	(208,668,875)		•	(292,766,534)	
54739	52-1157181	The Dental Concern, Inc.	(40,000,000)				(639,543)	(200,000,073)			(292,700,334)	
00000	61-0647538	Humana Inc	296,000,000	(467,750,000)			1,817,205,744				1,645,455,744	
00000	61-1232669	Managed Care Indemnity, Inc.	(15,000,000)	(407,700,000)			(9,474)				(15,009,474)	
00000	61-1223418	Health Value Management, Inc.	(10,000,000)				(21,859,375)				(21 859 375)	
95342	39-1525003	Hum Wisconsin Health Org Ins Corn		20,000,000			(7,484,781)	(59.145.691)			(46.630.472)	
73288	39 - 1263473	Humana Insurance Company.	70,000,000				(1.179.916.696)	657,861,402			(452,055,294)	
52028	14 = 1hh4h4/	Ine Denial Concern Lin	(1,000,000)				(62.700)				(1,062,700)	
95519	58-2209549	Hum Employers Health Plan of GA, Inc.					(7,796,664)	(86,088,819)			(93,885,483)	
70580	39-0714280	HumanaDental Insurance Company	(25,000,000)				(22,385,055)				(47,385,055)	
88595	31-0935772	Emphesys Insurance Company.		750,000			(267,241)				482,759	
60219	61-1311605	Humana Insurance Company of Kentucky					(3, 151, 413)				(3,151,413)	
00000	66-0291866	PCA Insurance Group of Puerto Rico, Inc.					(414,967)				(414,967)	
00000	66-0406896	PCA Health Plans of Puerto Rico, Inc.	(70,000,000)				(6, 110, 374) (100, 487, 268)				(6,110,374)	
95642	72-1279235	Humana Health Benefit Plan of LA, Inc	(70,000,000)				(100,487,268)				(1/0,487,268)	
95092 00000	59-2598550 20-2888723	CarePlus Health Plans, Inc	(54,000,000)				(25,452,513) (9,319,698)				(79,452,513) (9,319,698)	
95158	61-1279717						(2,348,898)			•	(9,319,696)	
00000	61-1383567	CHA HMO.					(2,340,090)		•••••		(2,340,090)	
00000	20-3364857	HUM-e-FL, IncHumana MarketPOINT of Puerto Rico, Inc					(1,672)			•	(1,672)	
00000	AA - 5893028	Humana Health Ent. UK Ltd.			• • • • • • • • • • • • • • • • • • • •		(1,012)				0	
00000	26-0010657	CAC-Florida Medical Centers, LLC.					(12,621,776)				(12,621,776)	
00000	61-1316926	Humana Pharmacy Inc									0	
00000	61-1343791	Humana Innovation Enterprises, Inc.									0	
00000	20-2620891	Green Ribbon Health, LLC									0	
00000	75-2043865	Corphealth, Inc									0	
00000	. 20 - 1377270	KMG America Corporation.		205,000,000							205,000,000	
65110	. 57 - 0380426	Kanawha Insurance Co					(1,819,161)				(1,819,161)	
00000	74-2352809	Texas Dental Plans, Inc					(500, 040)				0	
12908	20-8411422	Humana Medical Plan of Utah	•	2,000,000			(500,049)				1,499,951	
95107	56-1796975 58-2302163	American Dental Plan of NC					(152,893) (42,257)				(152,893)	
11559 12250	63-1063101	CompBenefits of Alabama.					(42,257)		· · · · · · · · · · · · · · · · · · ·		(42,257)	
52015	59-2531815	CompBenefits of Arabama					(42,853,177)			•	(120,749)	
95161	76-0039628	DentiCare. Inc.					(42,633,177)				(42,033,177)	
11228	36-3686002	CompBenefits Dental, Inc.					(4,315,007)				(4,315,007)	
60052	37 - 1326199	Humana Benefit Plan of Illinois					(1.820.155)				(1,820,155)	
10126	65-1137990	Humana AdvantageCare Plan		2,000,000			(41.632)				1,958,368	
95754	62 - 1579044	Cariten Health Plan					(3.509.844)				(3,509,844)	
82740	62-0729865	Cariten Insurance Company					(282,469)				(282,469)	
95749	62-1546662	Preferred Health Partnership of TN. Inc.					215,354				215,354	
60984	74-2552026	CompBenefits Insurance Company	<b>.</b>				(18,489,013)				(18,489,013)	

# SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

			. 00			0110110	•••••	• • • • • • • • •	.,			
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or	(Disbursements)						
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losses
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		and/or Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
									1/1/1/			
9999999 (;	ontrol Totals		()	()	()	()	()	()	XXX	()	()	()

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

#### MARCH FILING

		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
о.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YESYES
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
which	llowing supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not tran- the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code we ment is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the in-	ill be printed below. If the
	MARCH FILING	
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1?	YES
14.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed by March 1?	YES
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with	YES
		LO
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
10	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile	
13.	and electronically with the NAIC by March 1?	YES
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	YES
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	YES
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	YES
23		YES
24.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	YES
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
28.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
	APRIL FILING	
29.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
30.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	N0
31.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	N0
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
XPLA	ANATIONS:	
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6.This	s type of business is not written	
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12.	7 0 5 8 0 2 0 0 8 4 9 0 0 0 0 0	
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### **OVERFLOW PAGE FOR WRITE-INS**



#### **SCHEDULE O SUPPLEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2008

(To Be Filed By March 1)

Of The HumanaDental Insurance Compa	ny				
Address (City, State and Zip Code) DePere, WI 54	115				
NAIC Group Code 0119	NAIC Company Code 70580.		Employer's ID Nur	mber 39-0714280	
SUPP	(\$000 O	f Incurred Losses MITTED) Accident and Health			
	1	2	ounts Paid Policyholders 3	4	5
Year in Which Losses Were Incurred	2004	2005	2006	2007	2008(a)
1. Prior		0	0	1	0
3. 2005	XXX	,	101	243	4
4. 2006		XXX	1,468	13,901	188
5. 2007	XXXXXX	XXXXXX	XXXXXX	175,192 XXX	11 ,287 177 ,612
	Section B - Other	Accident and Health			
1. Prior				0	0
2. 2004 3. 2005	, , , , , , , , , , , , , , , , , , , ,	13,955	68		 0
4. 2006				177	0
5. 2007				18 , 196	167
6. 2008	XXX	XXX	XXX	XXX	7,082
		Accident and Health	- 1		
1. Prior	0	0	0	0	
3. 2005		0	0		
4. 2006	XXX	XXX	0	0	
5. 2007		XXX	XXX	0	
6. 2008	XXX	XXX	XXX	XXX	
		on D -			
1. Prior	0	0	0	0	
<ol> <li>2004</li> <li>2005</li> </ol>		0	0	0	
4. 2006.	XXX	XXX	0	0	
5. 2007		XXX	XXX	0	
6. 2008	ХХХ	XXX	XXX	XXX	
	Secti	on E -			
1. Prior	0	0	0	0	
2. 2004 3. 2005	0 L	0	0	0	
4. 2006				0	
5. 2007		XXX	XXX	0	
6. 2008	ХХХ	XXX	XXX	XXX	
	Sect	ion F-			
1. Prior	0	0	0	0	
2. 2004		0	0	0	
3. 2005 4. 2006	XXXXXX	0	0	0	
5. 2007		XXX	XXX	0	
6. 2008	XXX	XXX	XXX	XXX	
	Sarti	on G-			
1. Prior		0	0	0	
2. 2004	0	0	0	0	
3. 2005		0	0	0	
4. 2006 5. 2007	XXX	2/2/2/	0	0	
U. 2001					

XXX XXX XXX

XXX XXX XXX

<sup>(</sup>a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

# SCHEDULE O SUPPLEMENT SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses (\$000 OMITTED) Section A - Group Accident and Health

Net Amounts Paid for Cost Containment Expenses					
Year in Which Losses Were Incurred	1 2004	2 2005	3 2006	4 2007	5 2008
Prior	XXX	0	0	0	
2. 2004		0	0	0	
3. 2005	XXX	2	0	0	
4. 2006	XXX	XXX	7	0	
5. 2007	XXX	XXX	XXX	1, 183	
6. 2008	XXX	XXX	XXX	XXX	622
	Section B. Othe	r Accident and Health			
1. Prior	XXX	Accident and Health	0	0	
2. 2004	1,395		0	0	
3. 2005	XXX	1,836	0		
4. 2006	XXX	XXX	1,213	0	
5. 2007	XXX	XXX	XXX	b1	
6. 2008	XXX	XXX	XXX	XXX	62
	Section C - Credi	t Accident and Health			
1. Prior	XXX	0	0	0	
2. 2004	0	0	0	0	
3. 2005	XXX	0	0	0	
4. 2006	XXX	XXX	0		
5. 2007	XXX	XXX	XXX	0	
6. 2008	XXX	XXX	XXX	XXX	
1. Prior	Sec.	ction D-	0 1	0	
2. 2004	0	0	0	0	
3. 2005.	ХХХ	0	0	0	
4. 2006	XXX	XXX	0	0	
5. 2007	XXX	XXX	XXX	0	
6. 2008	XXX	XXX	XXX	XXX	
1. Prior	Sec	ction E- 0	0 [	0	
2. 2004	0	0	0	0	
3. 2005	XXX	0	0	0	
4. 2006	XXX	XXX	0	0	
5. 2007	XXX	XXX	XXX	0	
6. 2008	XXX	XXX	XXX	XXX	
	Se	ction F-			
1. Prior	ХХХ	<u>0</u> [	<u>0</u>	<u>0</u>	
2. 2004	0	0			
3. 2005	XXX	0	0 <b> </b>		
4. 2006		XXX	0		
5. 2007		XXX	XXX	D	
6. 2008	XXX	XXX	XXX	XXX	
	Sei	ction G-			
1. Prior	XXX	0	0	0	
2. 2004		0	0	0	
3. 2005	XXX	0	0	0	
4. 2006	XXX	XXX	0	0	
5. 2007	XXX	ХХХ	ХХХ	0	
6. 2008	XXX	XXX	XXX	XXX	

## **SCHEDULE O SUPPLEMENT SUPPLEMENTAL SCHEDULE O - PART 3**

Development of Incurred Losses (\$000 OMITTED)

Sum of Cumulative Net Amount Paid Policyholders and Claim Liability and Reserve Outstanding at 1 2004	
Year in Which Losses Were Incurred	End of Year
1, 2004	5
2, 2005	2008 XXX
3, 2006	XXX
4. 2007	168.448
Section B - Other Accident and Health   1. 2004	186,933
Section B - Other Accident and Health	178.235
1. 2004	
2, 2005	VVV
3, 2006	XXX
A 2007	1,833
Section C - Credit Accident and Health	
Section C - Credit Accident and Health	7.085
1. 2004	7,000
1. 2004	
2 2005	XXX
A 2007	XXX
A 2007	
Section D-	
1. 2004	
3. 2006	XXX
4. 2007	XXX
Section E-         Section E-           1. 2004         0 <td></td>	
Section E-   1. 2004	
1. 2004       0       0       0       XXX         2. 2005       XXX       0       0       0       0         3. 2006       XXX       XXX       0       0       0       0         4. 2007       XXX       XXX       XXX       XXX       XXX       0	
1. 2004       0       0       0       XXX         2. 2005       XXX       0       0       0       0         3. 2006       XXX       XXX       0       0       0       0         4. 2007       XXX       XXX       XXX       XXX       XXX       0	
2. 2005	XXX_
3. 2006	XXX
5. 2008 XXX XXX XXX XXX XXX Section F-	
Section F-	
1. 2004	XXX
2. 2005	XXX
3. 2006 XXX	
4. 2007	
5. 2008 XXX XXX XXX XXX XXX	
Section G-	
1. 2004	XXX
2. 2005 XXX 0 0 0 0 0	XXX
3. 2006 XXX XXX D 0 0 0	,
4. 2007 XXX XXX XXX XXX 0	
5. 2008 XXX XXX XXX XXX XXX	

# SCHEDULE O SUPPLEMENT SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses (\$000 OMITTED) Section A - Group Accident and Health

Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at the End of Year

	1	2	3	4	5	
Year in Which Losses Were Incurred	2004	2005	2006	2007	2008	
1. 2004	0	0	0	0	114,680	
2. 2005		1,966	1 , 194	171,003	138,564	
3. 2006	XXX	XXX	1,925	191,004	168,636	
4. 2007		XXX	XXX	189,034	198,220	
5. 2008	XXX	XXX	XXX	XXX	178,857	
		ner Accident and Healt	h			
1. 2004		0	138,382	0		
2. 2005	XXX	174,430	168,928	298	297	
3. 2006	XXX	XXX	192,545	1,835	1,833	
4. 2007	XXX XXX	XXX XXX	XXX XXX	18,578 XXX	18,533 13,491	
5. 2008	۸۸۸	۸۸۸	۸۸۸	۸۸۸	13,491	
	Section C - Cre	dit Accident and Healt	h			
1. 2004	0	0	0	0		
2. 2005.	XXX	0	0	0		
3. 2006	XXX	XXX	0	0		
4. 2007	XXX	XXX	XXX	0		
5. 2008	XXX	XXX	XXX	XXX		
		ection D-	. 1			
1. 2004	0	0	0	0		
2. 2005		0	0	0		
3. 2006	XXX	XXX		0		
4. 2007	XXX	XXX XXX	XXX XXX	0		
5. 2008	۸۸۸	۸۸۸	۸۸۸	XXX		
	s	ection E-				
1. 2004	0	0	0	0		
2 2005	XXX	0	0	0		
3. 2006	XXX	ХХХ	0	0		
4. 2007	XXX	XXX	XXX	0		
5. 2008	XXX	XXX	XXX	XXX		
4 0004		ection F-	Λ.1	۸		
1. 2004 2. 2005		0				
2. 2005 3. 2006	14144	XXX		0		
4. 2007		XXX	XXX	0		
5. 2008	XXX	XXX	XXX	XXX		
3. 2000	λλλ	ΛΛΛ	ΛΛΛ	AAA		
Section G-						
1. 2004	0	0	0	0		
2. 2005.	ХХХ	0	0	0		
3. 2006	ХХХ	XXX	0	0		
4. 2007	ХХХ	XXX	XXX	0		
5. 2008	XXX	XXX	XXX	XXX		
	•					

#### **SUPPLEMENTAL SCHEDULE O - PART 5**

(\$000 OMITTED)
Reserve and Liability Methodology - Exhibits 6 and 8

Neserve and classifity methodology - Exhibits 6 and 6				
		1	2	
	Line of Business	Methodology	Amount	
1.	Industrial Life			
2.	Ordinary Life			
3.	Individual Annuity			
4.	Supplementary Contracts			
5.	Credit Life			
6.	Group Life			
7.	Group Annuities	Developement	15,211	
8.	Group Accident and Health			
9.	Credit Accident and Health	Developement	447	
10.	Other Accident and Health	'		
11.	Total		15,658	

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